

SAMPLE SUBMISSION FORM

Please complete all details when sending samples for analysis

Customer information

Organisation name _____
Contact person and sampler _____
Report email _____
Invoice email (if different) _____
Street address _____
Postal address (if different) _____
Postcode _____ Order Number _____
Mobile phone _____ Telephone _____

For sampling procedures, please refer to our website:

www.wdc.govt.nz/Services/Water-services/Water-testing-laboratory

Sample information (tick all that apply)

DRINKING WATER

Roof Bore Spring Stream Other _____

DRINKING WATER COMPLIANCE

NZDW Std Water Tanker Food safety Global Gap Other _____

POOL WATER

Heated Not heated

ENVIRONMENTAL

Raw sewage Treated sewage Stream Saline Other _____

SAMPLE ID

DATE AND TIME SAMPLED

TESTS REQUIRED

SAMPLE ID	DATE AND TIME SAMPLED	TESTS REQUIRED

ADDITIONAL COMMENTS / REASON FOR TESTING

By signing this form, I agree to have this work done in accordance with the laboratory terms of trade (available on our website www.wdc.govt.nz/Services/Water-services/Water-testing-laboratory)

Signature _____ Please print name _____

Laboratory use only

Date & time sample received _____ Batch Reference _____

Sample notes _____