



**TASMANIAN
LABORATORY
SERVICES**

Quality is in our DNA

Water Request Form

CONTACT INFORMATION	
Company:	
Address:	
Contact:	Collected by:
Phone:	Fax:
Email:	
Reference:	
Purchase Order No:	Account to:
Copies To:	
Reports forwarded by (please tick): Fax <input type="radio"/> Email <input type="radio"/> Mail <input type="radio"/>	

Rec'd at TasLab by:			
DATE:			
TIME:			
TEMP:			
CONDITION:			
MICRO 500 mL		ICE	
MICRO 250 mL		NALGENE	
LEGIONELLA			

Sample No.	Sample Description	Date	Time	Standard Plate Count	Heterotrophic Plate Count	Legionella	Total coliforms E. coli	Thermo. coliforms	Membrane Filtration	E. coli Membrane Filtration	Enterococcus	Ps. aeruginosa	Swimming Pools & Spas SPC Thermo. colif Ps. aeruginosa	Drinking Water Total coliforms E. coli	Other (please specify)
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
OFFICE USE ONLY		W996		W090 35°C W095 21°C Marine	W091	W092	IND 5 QC W085	W020 QC W015	W030 QC W025	W440 QC W435	W050 QC W045	SPA1 QC SPA2	IND 5 QC W085		

Diagnostic Services Pty Ltd T/A Tasmanian Laboratory Services ABN 26 009 503 100 A subsidiary of Sonic Healthcare Ltd ABN 24 004 196 909