

SAMPLE SUBMISSION FORM

Owner/Sender Information			
Company		New Customer/change in information - Please complete below	
Order number		Contact Name	
Sampler Name		Telephone No.	
Date and time of sampling		E-mail Address	
Date of Submission		Invoice email address	
Time of Submission		Postal address	
Number of Samples			

	Lab number	Sample ID	Sample type	Test required	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Whatever is contained in this form is subject to the following:	
1.	Water Testing HB accepts that the water samples provided, originates from the relevant sampling point(s) as indicated on the relevant sample bottles provided;
2.	Water Testing HB accepts that all samples from external sources are correctly labelled and accurate;
3.	Water Testing HB shall not be responsible for human and/or technical errors that could not have been foreseen;
4.	This document is solely for the use of the addressee and only in connection for the purpose set out in this document. In no event shall Water Testing HB assume liability or responsibility to any third party to which this document is disclosed or otherwise made available;
5.	Water Testing HB reserves the right to decline testing of samples;
6.	No guarantees are made with regards to turn-around time and results, and no liability will be accepted for any delays.
7.	Water Testing HB reserves the right to subcontract samples to an approved laboratory (as determined by Water Testing HB).
<p>I accept and certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF TRADE of Water Testing HB (2016) Limited T/A Water Testing Hawkes Bay which form part of and, are intended to be read in conjunction with this Sample Submission Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.</p>	
SIGNED (CUSTOMER): _____	SIGNED (WATER TESTING HB): _____
Name: _____	Name: _____
Position: _____	Position: _____
Date: _____	Date: _____

Office Use Only

Job Number: <input style="width: 150px;" type="text"/>	Compliance testing sample: <input type="checkbox"/> YES <input type="checkbox"/> NO
Sample received within the hour: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sample arrived in cold chilli bin: <input type="checkbox"/> YES <input type="checkbox"/> NO
Temperature of sample on arrival* <input style="width: 100px;" type="text"/>	Own sample container used: <input type="checkbox"/> YES <input type="checkbox"/> NO
Do the samples meet all the necessary requirements to be processed? (Select applicable if NO:) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Sample arrived outside 24 hrs of sampling <input type="checkbox"/>	
Sample temp higher than temp when taken (compliance sample, after 1 hour of sampling) <input type="checkbox"/>	
Inappropriate sample container(s) used <input type="checkbox"/>	
Other (Comment: _____)	
Samples received, and laboratory numbers assigned by: _____ Verified by: _____	

*Compliance samples should be colder than when sample was taken – or received in chillibin with ice/ icepacks. Non-compliance samples should be <10°C if submitted after 1 hour from sampling or, should be colder than when sample was taken – or received in chillibin with ice/ icepacks.