### WATERS EXAMINATION LABORATORY REQUEST FORM

**Company Name:**

**Address:**

**Contact Name:**  
**Phone Number:**

**Contact Email:**

**Date Sampled:**  
**Signed:**

**Purchase Order Number:**

**Additional Sample Comments:**

**Specify Tests Required:**

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<table>
<thead>
<tr>
<th>Laboratory Number</th>
<th>Site Code</th>
<th>Description</th>
<th>Time Sampled</th>
<th>Temp (°C)</th>
<th>Type (Cl, Br, etc.)</th>
<th>ppm</th>
<th>pH</th>
<th>Bacteria (chilled)</th>
<th>Amoebae (ambient)</th>
<th>Bacteria set up by / Date:</th>
<th>Amoebae set up by / Date:</th>
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**Sample Received By:**  
**Temperature ("chilled"):**

**Receival Date:**  
**Temperature (amoeba):**

**Laboratory Comments:**

**Report Type:**  
**Authorised By:**  
**Date:**  
**Emailed:**