



Feidhmeannas Seirbhíse Sláinte  
Health Service Executive

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## Fluoride Analysis Request Form

For Office Use Only		
Sample Entered by (Initials):	Date:	Time:
Comment on Receipt:		
Analytical Fee:	Fee Paid: <input type="checkbox"/> Yes (Receipt. No.):	<input type="checkbox"/> No <input type="checkbox"/> Other

Name and Address for Report: (PRINT)		Address at which sample was taken: (PRINT) (This must also appear on the bottle label)
Tel. No.:	Fax No.:	Name of Water Supply:
Mobile No.:		
Email Address:		Scheme Code: (This information is not required from private customers)

For Environmental Health Officers and Agents for Local Authorities Use Only	
Please indicate invoice recipient:	
<input type="checkbox"/> H.S.E.	<input type="checkbox"/> Local Authority (Order No.) _____ <input type="checkbox"/> Other (Specify) _____

*Sample Bottles: The bottle label should clearly indicate (i) address at which sample was taken; (ii) name and address of the person submitting the sample; (iii) date and time of taking the sample.*

1. Customer Reference No.: \_\_\_\_\_  None
2. Date sample was taken: \_\_\_\_\_ 3. Time sample was taken: \_\_\_\_\_
4. Purpose of Sample:  Compliance  Surveillance
5. Reason for analysis:  Routine  Repeat
- Other (Specify) \_\_\_\_\_

6. Person who submitted the sample: Contact Details:	Signature: _____	Print name: _____
	Tel. no.: _____	Email Address: _____

7. Person who delivered sample, (if different from above): Contact Details:	Signature: _____	Print name: _____
	Tel. no.: _____	Email Address: _____

Delivered by Courier

Delivered by Post