



## 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:  Scheme Code: (This information is not required from private customers)
Mobile No.:		
Email Address:		

For Environmental Health Officers and Agents for Local Authorities Use Only	
<b>Please indicate invoice recipient:</b>	
<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:

Signature:	Print name:
Tel. no.:	Email Address:

Contact Details:

7. Person who delivered sample, (if different from above):

Signature:	Print name:
Tel. no.:	Email Address:

Contact Details:

Delivered by Courier  Delivered by Post

8. The conditions under which a laboratory report is issued are listed on the laboratory website. As part of your sample submission, please indicate that you have been notified of this  Yes