



Feidhmeannas Seirbhíse Sláinte
Health Service Executive

Public Analyst's Laboratory
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Dublin 2
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<https://www.hse.ie/eng/services/list/1/public-analyst-laboratory/>
Laboratory Schedule of Accreditation available at www.INAB.ie

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

The laboratory report will be issued to the email address provided below unless otherwise agreed.

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

Please indicate invoice recipient:

H.S.E. Local Authority (Order No.) _____ 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