



FSS Cúram Sláinte Pobail an Oirthir
Saotharlann an Anailísí Phoiblí
Ospidéal Sir Patrick Dun
Sráid na Canálach Móire Íochtarach
Baile Átha Cliath 2, D02 P667

HSE Community Healthcare East
Public Analyst's Laboratory
Sir Patrick Dun's Hospital
Lower Grand Canal Street
Dublin 2, D02 P667
T: (01) 661 2022, F: (01) 662 8532

<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:	
<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 ☐
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