



Client Request Form / Chain of Custody

Watercare Services Limited, Laboratory Services, 52 Aintree Ave, Airport Oaks, PO Box 107028 Auckland Airport, Manukau 2150
Sample Reception Ph (09) 539 7614 or 539 7615 Fax (09) 539 7620 E-mail clientsupport@water.co.nz

BATCH NO: _____

CLIENT DETAILS	
Name: <input style="width: 90%;" type="text"/>	Client Code (Office use only) : <input style="width: 30%;" type="text"/> Order No: <input style="width: 30%;" type="text"/>
Address*: <input style="width: 100%;" type="text"/>	
Contact*: <input style="width: 25%;" type="text"/>	Ph*: <input style="width: 10%;" type="text"/> Fax: <input style="width: 10%;" type="text"/> Quote No: <input style="width: 15%;" type="text"/>
Job Profile (office use only) :	Charge To (if other than client): <input style="width: 30%;" type="text"/>
Results To*: <input style="width: 20%;" type="text"/>	Email*: <input style="width: 60%;" type="text"/>
Additional Information: <input style="width: 100%;" type="text"/>	

SAMPLE TYPES	PW Potable water	LAS Potable water for LAS compliance	FW Fresh water	WW Wastewater	SL Sludge
	SO Soil	SH Shellfish	SW Seawater/Saline content	TW Tradewaste	

No.	Sample Description	Sample Type	Tests Required <i>(list here or use check boxes on reverse side)</i>	Date Sampled	Time Sampled
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

CHAIN OF CUSTODY RECORD Please tick this box if you require the COC to be emailed back to you

<p style="text-align: center; color: red;">Sent to Watercare Lab Services</p> <p>Date: <input style="width: 50%;" type="text"/> Time: <input style="width: 20%;" type="text"/></p> <p>Name: <input style="width: 100%;" type="text"/></p> <p>Signature: _____</p>	<p style="text-align: center;">Received at Watercare Lab Services</p> <p>Date: _____ Time: _____</p> <p>Name: _____</p> <p>Signature: _____</p>	<p style="text-align: center;">Condition on Receipt</p> <p><input type="checkbox"/> Room Temperature</p> <p><input type="checkbox"/> Chilled</p> <p><input type="checkbox"/> Frozen</p> <p style="text-align: right;">Temperature: _____</p>
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Information in red is the minimum required for existing clients. For new clients asterisked(*) sections must also be completed.

GENERAL TESTS

- Alkalinity
- Ammonia
- BOD
- Bromate
- Bromide
- Chlorate
- Chloride
- Chlorite
- COD
- Colour
- Conductivity
- Cyanide
- DO
- DOC
- Fluoride
- Iodide
- Ion Balance
- Nitrate
- Nitrite
- Oil & Grease
- pH
- Phosphorus Soluble
- Phosphorus Total
- Sulphate
- Sulphide
- Suspended Solids
- Total Dissolved Solids
- TKN
- TOC
- Total N
- Total Solids
- Turbidity
- UV
- Volatile Matter
- Other

BORE WATER PROFILES

- Bore Microbiology
- Bore Chemistry

METALS

Tick this box if you require ultra-trace level metals for NZDWS 2005 or other compliance

	Total	Soluble
<input type="checkbox"/> Aluminium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Antimony	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arsenic	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Beryllium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boron	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cadmium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Calcium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cobalt	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chromium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chromium 6	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copper	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hardness	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Iron	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lead	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lithium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Magnesium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Manganese	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mercury	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nickel	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Potassium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Selenium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Silver	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sodium	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Zinc	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

NB: For solid samples, analysis is for recoverable (not total) metals

GC/GCMS

- Acid Herbicides
- DHA
- HAA
- VOC
- VOC by Thermal Desorption
- THM
- SVOC
- OCP
- PAH
- PHN
- BTEX
- TPH
- PCB
- Formaldehyde
- Volatile Fatty
- Taste & Odour
- Other

MICROBIOLOGICAL TESTS

Tick this box if the sterile bottles provided contain sodium thiosulphate

- E.coli
- Colilert 18 hr presumptive
- Colilert 18 hr enumeration
- Enterococci
- Enterolert
- Enterovirus
- Faecal Coliforms
- Faecal Coliforms (MPN)
- Faecal streptococci
- Giardia & Cryptosporidium
- HPC 22°C 35°C 37°C
- Phage
- Pseudomonas
- Total Coliforms
- Salmonella
- Other

ANALYSIS OF YOUR WATER

Tests

If you require assistance with selecting tests please ask one of our Sample Receptionists for help. However, please note that if your testing is for regulatory or compliance requirements such as food production or resource consents, we can not advise you what you will require, you will need to contact the appropriate regulatory body. If you need your testing requirements to meet a particular standard please record this clearly on the sheet and inform the Sample Receptionist when you deliver the samples. With regard to drinking water, we are commonly asked to analyse water samples and confirm that the water is 'safe' to drink. Due to the number of possible contaminants that may be present in water it is not possible for us to do this. However, what we can do is analyse particular determinands and advise whether or not they meet the NZ Drinking Water Standards 2008.

Reporting

As a purely analytical laboratory we do not provide written reports with an interpretation of your test results. If you wish us to make any comment on the laboratory report, please discuss this with us at the time of delivery, to see if we can accommodate your requirements. For further information on drinking water, please refer to the following websites:

www.drinkinwater.co.nz - general information

www.moh.govt.nz - NZ Drinking Water Standards 2008

Turnaround Time

Please note that our standard turnaround time for most tests is 10 working days. For a faster turnaround time please talk to one of our Sample Receptionists.