S PathWest	Waters Examination Laboratory Environmental Microbiological Unit Second Floor, J Block Hospital Avenue, Nedlands, WA 6009 Tel: (08) 9346 2583 Email: waters.pathwest@health.wa.gov.au ABN: 13 993 250 709	WATERS EXAMINATION LABORAT REQUEST FORM	FORY KORY			
ompany Name:		Drinking Water (source to Consumer)	Additional Sample Comments:			
		Reverse Osmosis Water (RO Water)				
Address:		Bottled Water, Ice				
		Pools, Spas, Hydros, Float Tanks				
Contact Name:	Contact Phone:	Natural Waters (Fresh)				
Contact Email:		Natural Waters (Marine)	Specify Non RoutineTests Required:			
		Sewage / Wastewater				
Date Sampled:	Signed:	Recycled water				
Purchase Order Number:		Airconditioning / Cooling Towers				
		Other (specify)				

LABORATORY USE ONLY	SAMPLE DETAILS		TREATMENT			SAMPLE SUBMITTED (please tick)		LABORATORY USE ONLY			
Laboratory Number	Site Code	Description	Time Sampled	Type (Cl, Br, etc.)	ppm	Temp (°C)	PH	Bacteria (chilled)	Amoebae (ambient)	Bacteria set up by / Date:	Amoebae set up by / Date:
Sampled Received By: Receival Date:		Sample Condition On Receival:	Laboratory	Comment	ts:			Report Type: Authorised By Date:	:	Faxe	d / Emailed: