

TEST REQUEST FORM - CHEMISTRY SECTION

Section 1: Customer Name and Address

Company name:	Sample Reception E-mail: ReceptionS@nsi.com.na Tel: +264 64 216600 Fax: +264 64 200151
Postal Address: _____ Town: _____	
Tel No: _____ Fax No: _____	<i>Stamp</i>
Requestor Name: _____	
Requestor Signature: _____	
E-mail address: _____	
Purchase Order No (Attach Document): _____	
Sample submitted by (Name in print): _____	

Section 2: Testing Capabilities for NSI Chemistry Laboratory

Chemistry Testing Services	Analysis Method
ASP HPLC	TM/B/01
PSP HPLC	TM/B/04
Cadmium AAS GF - Cd	TM/B/07
Lead AAS GF - Pb	
Mercury (DMA or CV AAS) - Hg	TM/B/06 (DMA) TM/B/19 (CV AAS)
Lipophilic Toxins LC MS/MS - Lipo	TM/B/08
Histamine (Single Test) (LC MS/MS or HPLC) - Hist Single	TM/B/05 (LC MS/MS) TM/B/16 (HPLC)
Histamine (9 Tests + Average) (LC MS/MS or HPLC) - Hist-Ave	
pH	TM/B/09
Conductivity - Cond	TM/B/10
Total Dissolved Solids - TDS	
Turbidity - Turb	TM/B/11
Salinity - Sal	TM/B/12
Multi-elements (metals) in Water ICP-MS - Multi elem	TM/B/18

Abbreviations: **ASP**-Amnesic Shellfish Poisoning, **PSP**-Paralytic Shellfish Poisoning, **MBA**-Mouse Bioassay, **AAS GF**- Atomic Absorption Spectrometry Graphite Furnace, **LCMSMS**-Liquid Chromatography Mass Spectrometry, **DMA**-Direct Mercury Analyzer, **HPLC**-High Performance Liquid Chromatography, **CVAAS**-Cold Vapor Atomic Absorption Spectroscopy, **ICPMS**-Inductively Coupled Plasma Mass Spectrometry

Customer complaint handling procedures as per QM 7.9

Customer confidential and proprietary information will be made available to external parties i.e assessors, auditors and law makers.
Samples submitted with only purchase order number and not purchase order document shall not be accepted.
This Test Request Form serves as contractual agreement between the Requestor and NSI Testing Centre for services being rendered.

Section 3: Sample information

Sample condition on receipt (Tick): 1-Propylene/Plastic/Glass bottle; 2-Frozen; 3-Chilled (fresh, slight or no odour); 4-In cooler box, on ice; 5-In cooler box, no ice; 6-Sufficient sample; 7- Sample request form filled in correctly

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Sampling done by:	<i>NSI</i>		<i>Customer</i>	
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Sample Type :	<i>Water</i>		<i>Food</i>	
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Date & Time sample collected	Sample Description	Sample Id	Sampling Location/Vessel	Sampler Name	Analysis Required (Select)	Sample Flow Number	Sample Condition on receipt	Sample Condition Acceptance
					ASP <input type="checkbox"/> PSP <input type="checkbox"/> Lipo <input type="checkbox"/> Cd <input type="checkbox"/> Pb <input type="checkbox"/> Hg <input type="checkbox"/> Hist-Single <input type="checkbox"/> Hist-Ave <input type="checkbox"/> pH <input type="checkbox"/> Cond <input type="checkbox"/> TDS <input type="checkbox"/> Turb <input type="checkbox"/> Sal <input type="checkbox"/> Multi-elem <input type="checkbox"/>		Sample condition on receipt (Tick): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Accepted: <input type="checkbox"/> Rejected - <input type="checkbox"/>
					ASP <input type="checkbox"/> PSP <input type="checkbox"/> Lipo <input type="checkbox"/> Cd <input type="checkbox"/> Pb <input type="checkbox"/> Hg <input type="checkbox"/> Hist-Single <input type="checkbox"/> Hist-Ave <input type="checkbox"/> pH <input type="checkbox"/> Cond <input type="checkbox"/> TDS <input type="checkbox"/> Turb <input type="checkbox"/> Sal <input type="checkbox"/> Multi-elem <input type="checkbox"/>		Sample condition on receipt (Tick): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Accepted: <input type="checkbox"/> Rejected - <input type="checkbox"/>

Please note that the information on this form, is what shall appear on the Test Report. Therefore, customer to ensure that all the relevant details to be reflected on the Test Report is supplied accurately and appropriately indicated on this form. For NSI Fees and turnaround time information, please refer to ED 657 – NSI fees and ED191 - turnaround time available at sample reception or the NSI website: www.nsi.com.na

					ASP <input type="checkbox"/> Cd <input type="checkbox"/> Hist-Single <input type="checkbox"/> Cond <input type="checkbox"/> Sal <input type="checkbox"/>	PSP <input type="checkbox"/> Pb <input type="checkbox"/> Hist-Ave <input type="checkbox"/> TDS <input type="checkbox"/> Multi-elem <input type="checkbox"/>	Lipo <input type="checkbox"/> Hg <input type="checkbox"/> pH <input type="checkbox"/> Turb <input type="checkbox"/>		Sample condition on receipt (Tick): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Accepted: <input type="checkbox"/> Rejected - <input type="checkbox"/>
					ASP <input type="checkbox"/> Cd <input type="checkbox"/> Hist-Single <input type="checkbox"/> Cond <input type="checkbox"/> Sal <input type="checkbox"/>	PSP <input type="checkbox"/> Pb <input type="checkbox"/> Hist-Ave <input type="checkbox"/> TDS <input type="checkbox"/> Multi-elem <input type="checkbox"/>	Lipo <input type="checkbox"/> Hg <input type="checkbox"/> pH <input type="checkbox"/> Turb <input type="checkbox"/>		Sample condition on receipt (Tick): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Accepted: <input type="checkbox"/> Rejected - <input type="checkbox"/>
					ASP <input type="checkbox"/> Cd <input type="checkbox"/> Hist-Single <input type="checkbox"/> Cond <input type="checkbox"/> Sal <input type="checkbox"/>	PSP <input type="checkbox"/> Pb <input type="checkbox"/> Hist-Ave <input type="checkbox"/> TDS <input type="checkbox"/> Multi-elem <input type="checkbox"/>	Lipo <input type="checkbox"/> Hg <input type="checkbox"/> pH <input type="checkbox"/> Turb <input type="checkbox"/>		Sample condition on receipt (Tick): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Accepted: <input type="checkbox"/> Rejected - <input type="checkbox"/>
Special requests / Comments from customer: 										

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Section 4: Sampling request for NSI Staff to collect samples from site

**FOR COMPLETION BY NSI TESTING PERSONNEL ONLY (SAMPLERS / UPON SAMPLE RECEIPT)
(Indicate the traceability number(s) for sampling materials submitted with samples for analysis)**

NSI Sampling Protocol Used:

Sampling materials / Equipment used	
NSI identification number of Sampling materials / Equipment used (If more than one used/ submitted, reference all)	
Comment (any observations made during sampling that can affect sample results)	
Time Sampler left Testing Centre:	<i>To be completed by client</i> Acknowledgement of sampling conducted, duration the sampler was on customer site and confirmation of the sampling points.
Time sampler left the customer site:	Name of company: _____
Duration of Sampling Activity (Total hours):	Representative: _____ Signature & Date: _____

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Section 5: Customer communication records

Communication with customer upon sample reception or after received:	Signature
Name of company representative consulted:	Sign:..... Date:..... Time:.....
Name of company representative consulted:	Sign:..... Date:..... Time:.....

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