



NSI TESTING CENTRE, Langer Heinrich Crescent, Erf no. 4466, P O Box 123;
Walvis Bay, Namibia; Tel: +264 64 216 600; Fax: +264 64 200 151

TEST REQUEST FORM – MICROBIOLOGY SECTION (WATER SAMPLES)

Section 1: Customer Name and Address:

Company name:				<i>Stamp</i>	
Postal Address:		Town:			
Tel No:		Fax No:			
Requestor:		Requestor Signature:			
E-mail address:					
Purchase order number (Attach document):					
Sample submitted by (Name in print):					
Type of Account:		Credit		Cash Account	
No of Samples:		Date samples collected:		Job Reference Number	
Sample type:		Water (W)		Identification of Microorganisms (MO)	
Indicate Vessel Name:			Indicate Factory Name:		

Note: Water samples are viable for microbiological analysis within 24 hours after sample collection.

Section 2: Sample Information

Sample ID <i>Kindly list names as they should appear on the test report * Clearly indicate the type of water, e.g. Seawater, Potable water, Bottled water, Sewage water etc.</i>	Time of sampling	-For official purposes only-			
		Lab ID No	Completed & checked by:	Time samples received:	
					Sample condition upon receipt
					<input type="checkbox"/> Received in cooler box, on ice
					<input type="checkbox"/> Received in cooler box
					<input type="checkbox"/> Samples received within 6 hours
					<input type="checkbox"/> Samples received with no cooling & exceeding 6 hours

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

Sampling Protocol used: SOP/M/04 (Sampling procedure for the collection of water, ice and swab samples for Microbiological analysis).
(Comment if any deviations, additions or exclusions from the procedure)

Comment(s):

Duration of Sampling Activity (Total hours):	Time Sampler left Testing Centre:
	Time sampler left the customer site:

-To be completed by client-

-To be completed by laboratory staff-

Acknowledgement of sampling conducted, duration the sampler was on customer site and confirmation of the sampling points.

Name of company representative: _____
 Signature: _____
 Date: _____

Comment (any observations made during sampling that can affect sample results) e.g environmental conditions etc.

 Name of sampler: _____
 Signature: _____
 Date: _____

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

Sampling Material(s)	Traceability Batch Number/ Equipment Number (If more than one used/ submitted, reference all)
1L Sampling bottle(s)	
500ml Sampling bottle(s)	
250ml Sampling bottle(s)	
Digital Timer(s)	

Section 5: Customer communication records

Communication with customer upon sample reception or after received:	Name and Signature
Name of company representative	Date:

- For laboratory use only-