

The sample received:
Packaging ok? Yes / No

Signature:
Temperature ok? Yes / No

Journal number:



Order analysis Water

Customer information		
Customer, Email, telephone and name of recipient of analysis results:	Organization number:	Telephone:
	Mailing address:	
Any other contact person, Email, telephone and name:	Response report sent to Email:	
Invoice Address (Mail, Email or EHF):	Order, reference, project, etc.	

Price reference: _____

Are this speed tests? Yes No Speed tests cause price increases.

Type of water: Drinking water Fresh water Groundwater Sea water Wastewater Other, specify:

Information on what the test (s) should be analyzed at		
Physical and chemical analysis		Microbiological analysis
<input type="checkbox"/> pH	<input type="checkbox"/> Arsenic	<input type="checkbox"/> Magnesium
<input type="checkbox"/> Color number	<input type="checkbox"/> Lead	<input type="checkbox"/> Manganese
<input type="checkbox"/> Conductivity	<input type="checkbox"/> Iron	<input type="checkbox"/> Nickel
<input type="checkbox"/> Turbidity	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Zinc
<input type="checkbox"/> Alkalinity	<input type="checkbox"/> Calcium	<input type="checkbox"/> Oil and fat
<input type="checkbox"/> Sulphate	<input type="checkbox"/> Copper	<input type="checkbox"/> Chlorophyll a
<input type="checkbox"/> Phosphate	<input type="checkbox"/> Chrome	<input type="checkbox"/> Suspended glow test
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Mercury	<input type="checkbox"/> Suspended fabric
<input type="checkbox"/> Chloride	<input type="checkbox"/> TOC (Total Organic Carbon)	<input type="checkbox"/> Total count of bacteria
<input type="checkbox"/> Fluoride	<input type="checkbox"/> BOF 5 (Biochemical oxygen consumption)	<input type="checkbox"/> Coliform bacteria
<input type="checkbox"/> Ammonium	<input type="checkbox"/> PAH (Polyaromatic Hydrocarbons)	<input type="checkbox"/> Thermotolerant coliform bacteria
<input type="checkbox"/> Total Nitrogen	<input type="checkbox"/> BTH (B Brominated Flame Retardants)	<input type="checkbox"/> E. coli
<input type="checkbox"/> Total Phosphorus	<input type="checkbox"/> PCB (Polychlorinated Biphenyls)	<input type="checkbox"/> Presumptive E. coli
<input type="checkbox"/> Other:		<input type="checkbox"/> Pseudomonas aeruginosa
		<input type="checkbox"/> Clostridium perfringens
		<input type="checkbox"/> Sulphite-reducing Clostridier
		<input type="checkbox"/> Intestinal enterococcus
		<input type="checkbox"/> Giardia og Cryptosporidium
		<input type="checkbox"/> Sensory test (smell and taste)
		<input type="checkbox"/> Legionella
		<input type="checkbox"/> Other:

NB! Also fill out the next page

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Sample number	Details of the sample(s): Sampling date, location, ident etc.
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

For customer	
The sample delivered / sent (date, time):	Place, date and signature:

Our general conditions: <http://labtjenester.no/generellebetingelser/> (Only in Norwegian)

Analysis and reporting are performed by the subcontractor. Samples are sent (company package, overnight express or door to door) or delivered directly to the subcontractor: Trondheim Kommune Analysesenteret, Landbruksveien 5, 7047 Trondheim. Opening hours: Monday-Friday, 08.00-15.30.

Information provided on this form is stored in our data system. If you want to know more about how we treat personal information, we recommend reading our privacy statement <http://labtjenester.no/personvernerklaring/> (Only in Norwegian)