

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

NB! Also fill out the next page

The sample received:
Packaging ok? Yes / No

Signature:
Temperature ok? Yes / No

Journal number:



Order analysis Water

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.