

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

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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 systems for history, please let us know if you want your information to be deleted after the test result has been received and invoice paid.