

SAMPLE SUBMISSION FORM

Submitter		Registration number (laboratory ID):		COMPLETED BY THE LABORATORY:	
Company name:					
VAT number:					
E-mail:					
Company address:					
ZIP:		Phone:			
Purpose of testing (mark with x)		Registration entry		Self-control	
Water source:					
Tap water					
Well water					
Untreated process water					
Treated process water					
Person responsible for sampling		Sampling date and time:			
ANALYTICAL REPORT WILL BE SENT BY:					
Regular mail			<i>(mark with x)</i>		
Digitally signed					
E-mail					
INVOICE WILL BE SENT TO: (if different from submitter)					
Submitter's name and signature					

<i>Arrival date and time of sample(s):</i>		
Consignee	<i>name</i>	
	<i>signature</i>	
Mark (+ or sample No):	Components	Unit
Chemical analysis		
	Water hardness	°dH
	Zinc	mg/l
	Sulfate	mg/l
	Magnesium	mg/l
	Chloride	mg/l
	Iron	mg/l
	pH	
Notes:		