

TEST REQUEST FORM - CHEMISTRY SECTION

Section 1: Customer Name and Address

Company name: _____		Attention: Onesmus Ashipala Section Head Chemistry Section E-MAIL: ashipalao@nsi.com.na TEL: +264 64 216600 FAX: +264 64 200151 ADDRESS: P.O Box 123, Walvis Bay, Namibia	<i>Stamp</i>
Postal Address: _____	Town: _____		
Tel No: _____	Fax No: _____		
Requestor: _____	Requestor Signature: _____		
E-mail address: _____			
Purchase Order No (Attach Document): _____			
Sample submitted by (Name in print): _____			

Section 2: Testing Capabilities for NSI Chemistry Laboratory

Method Code	Chemistry Testing Services	Analysis Method
A	ASP HPLC	TM/B/01
C	PSP HPLC or MBA	TM/B/04 or TM/B/03
D1	Cadmium AAS GF - Cd	TM/B/07
D2	Lead AAS GF - Pb	
E	Mercury Hg DMA 80 - Hg	TM/B/06
F	Lipophilic Toxins LC MS/MS - Lipo	TM/B/08
H1	Histamine (Single Test) (LC MS/MS or HPLC) – Hist Single	TM/B/05 (LC MS) TM/B/16 (HPLC)
H2	Histamine (9 Tests + Average) (LC MS/MS or HPLC) – Hist-Ave	
J	pH	TM/B/09
K1	Conductivity - Cond	TM/B/10
K2	Total Dissolved Solids - TDS	
L	Turbidity – Turb	TM/B/11
M	Salinity - Sal	TM/B/12

Abbreviations: ASP-Amnesic Shellfish Poisoning, PSP-Paralytic Shellfish Poisoning, MBA-Mouse Bioassay, AAS GF-Atomic Absorption Spectrometry
 Graphite Furnace, LCMS-Liquid Chromatography Mass Spectrometry, DMA-Direct Mercury Analyzer, HPLC-High Performance Liquid Chromatography

Customer complaint handling procedures as per QM 7.9

Customer confidential and proprietary information will be made available to external parties i.e assessors, auditors and law makers.
 Samples submitted with only purchase order number and not purchase order document shall not be accepted.
 This Test Request Form serves as contractual agreement between the Requestor and NSI Testing Centre for services being rendered.

Section 3: Sample information																		
<p>Sample condition on receipt (Tick): 1-Propylene/Plastic bottle; 2-Frozen; 3-Chilled (fresh, slight or no odour); 4-In cooler box, on ice; 5-In cooler box, no ice; 6-Sufficient sample; 7- Sample request form filled in correctly</p> <table border="1"> <tr> <td>Sampling done by:</td> <td>NSI</td> <td></td> <td>Customer</td> <td></td> </tr> <tr> <td>Sample Type :</td> <td>Water</td> <td></td> <td>Food</td> <td></td> </tr> </table>						Sampling done by:	NSI		Customer		Sample Type :	Water		Food		For official use only		
Sampling done by:	NSI		Customer															
Sample Type :	Water		Food															
Date &Time sample collected	Sample Description	Sample Id	Sampling Location/Vessel	Sampler Name	Analysis Required (Select)	Sample Flow Number	Sample Condition on receipt	Sample Condition Acceptance										
					ASP <input type="checkbox"/> PSP <input type="checkbox"/> Lipo <input type="checkbox"/> Cd <input type="checkbox"/> Pb <input type="checkbox"/> Hg <input type="checkbox"/> Hist-Single <input type="checkbox"/> Hist-Ave <input type="checkbox"/> pH <input type="checkbox"/> Cond <input type="checkbox"/> TDS <input type="checkbox"/> Turb <input type="checkbox"/> Sal <input type="checkbox"/>		Sample condition on receipt (Tick): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Accepted: <input type="checkbox"/> Rejected - <input type="checkbox"/>										
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Please note that the information on this form, is what shall appear on the Test Report. Therefore, customer to ensure that all the relevant details to be reflected on the Test Report is supplied accurately and appropriately indicated on this form. For NSI Fees and turnaround time information, please refer to ED 657 – NSI fees and ED191 - turnaround time available at sample reception or the NSI website: www.nsi.com.na

					ASP <input type="checkbox"/> PSP <input type="checkbox"/> Lipo <input type="checkbox"/> Cd <input type="checkbox"/> Pb <input type="checkbox"/> Hg <input type="checkbox"/> Hist-Single <input type="checkbox"/> Hist-Ave <input type="checkbox"/> pH <input type="checkbox"/> Cond <input type="checkbox"/> TDS <input type="checkbox"/> Turb <input type="checkbox"/> Sal <input type="checkbox"/>		Sample condition on receipt (Tick): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>	Accepted: <input type="checkbox"/> Rejected - <input type="checkbox"/>
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Special requests / Comments from customer: 								

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Section 4: Sampling request for NSI Staff to collect samples from site	
FOR COMPLETION BY NSI TESTING PERSONNEL ONLY (SAMPLERS / UPON SAMPLE RECEIPT) (Indicate the traceability number(s) for sampling materials submitted with samples for analysis)	
NSI Sampling Protocol Used:	
Sampling materials / Equipment used	NSI identification number (If more than one used/ submitted, reference all)

For official use only	
Section 5: Customer communication records	
Communication with customer upon sample reception or after received:	Signature
Name of company representative consulted:	Sign:..... Date:..... Time:.....
Name of company representative consulted:	Sign:..... Date:..... Time:.....
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