



NSI TESTING CENTRE, Langer Heinrich Crescent, Erf no. 4466, P O Box 123; Walvis Bay, Namibia; Tel: +264 64 216 600; Fax: +264 64 200 151

TEST REQUEST FORM - MICROBIOLOGY SECTION (WATER SAMPLES)

Section 1: Customer Name and Address:

Company name:		Sample Reception	
Postal Address:		E-mail: ReceptionS@nsi.com.na	
Town:		Tel: +264 64 216600	
Tel No:		Fax: +264 64 200151	
Fax No:		Stamp	
Requestor:			
Requestor Signature:			
E-mail address:			
Purchase order number (Attach document):			
Sample submitted by (Name in print):			
Type of Account:	Credit	Cash Account	
No of Samples:		Date samples collected:	Job Reference Number
Sample type:	Water (W)		Identification of Microorganisms
Indicate Vessel Name:		Indicate Factory Name:	
<i>Note: Water samples are viable for microbiological analysis within 24 hours after sample collection.</i>			

Section 2: Sample information

Sample ID <i>Kindly list names as they should appear on the test report * Clearly indicate the type of water, e.g. Seawater, Potable water, Bottled water, Sewage water etc.</i>	Time of sampling	Lab ID No	-For official purposes only-	
			Completed & checked by:	Time samples received:
			Sample condition upon receipt	
			<input type="checkbox"/>	Received in cooler box, on ice
			<input type="checkbox"/>	Received in cooler box
			<input type="checkbox"/>	Samples received within 6 hour
			<input type="checkbox"/>	Samples received with no cooling & exceeding 6 hours

Section 4: Sampling request for NSI staff to collect samples from customer site

Sampling Protocol used: SOP/M/04 (Sampling procedure for the collection of water, ice and swab samples for Microbiological analysis).
(Comment if any deviations, additions or exclusions from the procedure)

Comment(s):

-To be completed by client-

Acknowledgement that sampling was conducted and points sampling confirmed.

Name of company representative: _____

Signature: _____

Date: _____

-To be completed by laboratory staff-

Comment (any observations made during sampling that can affect sample results) e.g environmental conditions etc.

Name of sampler: _____

Signature: _____

Date: _____

FOR COMPLETION BY NSI TESTING CENTRE PERSONNEL ONLY (SAMPLERS/UPON SAMPLE RECEIPT)
Indicate the traceability batch number(s) for sampling materials submitted with samples by customer for analysis

Sampling Material(s)	Traceability Batch Number/ Equipment Number (If more than one used/ submitted, reference all)
1L Sampling bottle(s)	
500ml Sampling bottle(s)	
250ml Sampling bottle(s)	
Digital Timer(s)	

Section 5: Customer communication records

Communication with customer upon sample reception or after received:

Name and Signature

Name of company representative

Date:

- For laboratory use only-