



Client Information Form

Client Information

Company/
Customer name:

Name and
Position of
applicant:

Address:

Phone:

Alternate Phone:

Email

Work Requested

Sample type(s) to be
tested:

Water Testing
Investigations required:

- E. coli & Coliforms Aerobic Colony Count @ 22°C & 37°C Enterococcus sp. Pseudomonas sp.
- Legionella Other (please state):

Estimated sample no.s and frequency:

Food/Environmental
investigations required:

- Total Viable Count @30°C Enterobacteriaceae Salmonella detection
- Other (please state):

Estimated sample no.s and frequency:

Secure Contact Information for Laboratory Reports

Contact 1:

Name:

Email

Contact 2:

Name:

Email

Contact 3:

Name:

Email

Please note that reports will only be emailed to the person or persons listed here.

Please indicate your preferred report transmission method: Email / Post

For Laboratory Use Only

Is the laboratory capable of performing the requested tests immediately? *If No please explain the reason*

Yes

No

Can the laboratory accept this additional workload?

Yes

No

Will the laboratory investigation alternative/additional methodology to meet customer requirements? *If Yes give details*

Yes

No

Client application:

Accepted

Rejected

Authorised by:

Date:

Signature: