

HORIZONS REGIONAL COUNCIL LABORATORY TEST REQUEST FORM

Date, Name and Contact Number:					
Sample ID numbers					
Sample Run Name					
Standard Profiles – One profile per sheet, tick as appropriate:					
Coastal (Hor_Coast)		Discharge (Hor_Dis)		Hydrology Turbidity (Hor_Turb)	
Compliance (Hor_Com)		Estuary (Hor_Est)		Hydrology Depth Integrated (Hor_Turb)	
Contact Rec (Hor_CR)		SoE (Hor_SoE)		Hydrology Turbidity Validation (Hor-turb)	
Contact Rec Monthly (Hor_CR)		Groundwater SoE (Hor_GW_SoE)		TDC Weekly (TDC_Weekly)	
Cyanobacteria (Hor_Cyano)		Periphyton (Hor_Peri)			
OTHER (Please Specify):		Cost Centre:			
Chemical Analysis – Enter required test name and test code as required:					
Test Name:	Test Code:	Test Name:	Test Code:	Test Name:	Test Code:
Bacteriological Analysis - tick as required:					
E.coli: Circle required test; M0115/ M0115a / M0115b		Enterococci (M0107)		Faecal Coliforms (M0102)	
Other Analysis Required:					
LAB use only		Comments:		Office use only	
				Comments:	
Chain of custody form					
					Prosecution Sample (Tick) <input type="checkbox"/>
	Name	Signature	Affiliation	Date	Time
Collected by					
Transferred to					
Transferred to					
1 Copy sent to lab (Tick) <input type="checkbox"/>		Samples sent by			
1 Copy kept (Tick) <input type="checkbox"/>		(signature)			