



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: