TOWNSVILLE LABORATORY SERVICES

DELIVERY ADDRESS: Douglas Water Plant, Angus Smith Drive, Douglas, Qld 4814
POSTAL ADDRESS: P.O. Box 1268, Townsville, Qld 4810 Ph 07 47278667; e-mail labenquiries@townsville.qld.gov.au



																					Version no.1.0
CLIENT:						JOB DESCRIPTION:														FOR LABORATORY USE ONLY LIMS NUMBER:	
CONTACT PERSON:						SAMPLER:															EIMO NOMBER.
CONTACT NUMBER:						PURCHASE ORDER NO:															
EMAIL REPORT TO:					EMAIL INVOICE TO: (if different to report)																
RESULTS REQUIRED (Date): QUOTE NO:														AN	ALY:	SIS R	EQU	IRE)		
FOR LABORATORY USE ONLY Sample Condition: Sample Temperature:			COMMENTS / SPECIAL HANDLING / STORAGE OR DISPOSAL:																	NOTES: e.g. highly contaminated samples	
SAMPLE TYPE:																				NOTES. U.S. Highly contaminated campion	
SAMPLE NO:	SAMPLE ID:	MATRIX:		SAMPLING DATE / TIME:																	
AUTHORISED BY CLIENT:																					
Name:		Date/Time:				I ackno	wledge of Tov	that I h	ave rea	ave read and or been provided with and agree to the General Conditions of Laboratory Services.										of Signature:	
SUBMITTED BY:										RECIEVED BY											
Name: Date:/Time									Laboratory Staff:										Date:/Time		