

<b>Request For Testing / Client Enquiry Form</b>		Tayside Scientific Services, James Lindsay Place, Dundee, DD1 5JJ. Tel: 01382 307170 Email: <a href="mailto:scientific.services@dundeecity.gov.uk">scientific.services@dundeecity.gov.uk</a>	
Client Name:			
<b>Section A – to be completed for new clients <u>only</u>:</b>			
Contact Name:			
Contact Address:		Invoice Address: <small>(see note 1)</small>	
Telephone No:	Email: <small>(see note 2)</small>	Emailed reports acceptable? <small>(see note 3)</small> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Section B – complete each relevant part for all sample submissions:</b>			
Client Reference / Purchase Order Number:			
Description of Test Item: <small>(see note 4)</small>			
Test/analysis required: <small>(see note 5)</small>			
Sample Site: <small>(see note 6)</small>		Sample Point: <small>(See note 7)</small>	
Taken By:	On: (date)	At: (time)	
Other Details: <small>(See note 8)</small>			
Client's Comments / Instructions: <small>(See note 9)</small>			

<b>Asbestos turnaround:</b> 24hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 1 month <input type="checkbox"/>	
<b>Water Type:</b> Mains Water <input type="checkbox"/> Complaint <input type="checkbox"/> Sewage Enquiry <input type="checkbox"/> Swimming Pool / Spa <input type="checkbox"/> Other Water <input type="checkbox"/>	
<b>Private Water Supply Type:</b> Private Water (for Human Consumption Regulations 2017):  Supply system sample <input type="checkbox"/> Is this Supply System within a Nitrate Vulnerable Zone (NVZ)? Yes / No  Zonal Group A sample <input type="checkbox"/> Has this Group A water been treated with iron or aluminium chemicals to improve its quality? Yes / No Has this Group A water been subject to chloramination? Yes / No  Zonal Group B sample <input type="checkbox"/>  Private Water Type B (Regulations 2006) <input type="checkbox"/>	
<b>Microbiology foods and waters:</b> Cool box temperature on receipt at lab: °C	
<b>Section C – client enquiry (for lab use only):</b>	
<b>Date of enquiry:</b> / / <b>Person receiving enquiry / providing quotation:</b>	
<b>Received by:</b> Phone <input type="checkbox"/> Email <input type="checkbox"/> Person <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Test/analysis required</b> – record details above in Section B.	
<b>Price quoted per sample:</b> <sup>(see note 10)</sup> £	<b>Expected number of samples:</b>
<b>Turnaround time quoted:</b>	<b>Contract Number:</b> <sup>(see note 11)</sup>

**NOTES**

1. Please additionally provide an invoice address if it differs from the contact address.
2. Test Reports will be sent to the email address supplied.
3. Test Reports can be sent by Royal Mail but will incur extra cost. Please contact laboratory for current pricing.
4. For a food sample, this should be the true or legally required name.
5. For samples requiring determination of metals, please state if total or dissolved metals analysis is required.
6. This will normally be the name of the premises or general location where the item was obtained
7. Where required, this should define the location within the sample site where the item was obtained.
8. Include any tag / batch numbers etc. Details included here will appear on your Test Report.
9. Enter any other pertinent details. Details here will not appear on your Test Report.
10. All quotations are exclusive of VAT and are valid for 3 months from the date of enquiry.
11. Only complete if contract number provided to client.