

Guide To Completing A Sample Submission Sheet

Consent
If we have agreed & set up consent limits for your samples, please use this cell to indicate the consent/limit to be tested against sample results.

Sampler
Enter the initials of the person who took the sample.

Sample Comments
If you need to advise us of further details pertaining to a sample please detail this here.


Sample Name / Sample Point
This should be the sample name or if we have pre-agreed set sample points the sample point ref can be entered here NB the name given here will appear on the analytical report produced by NWSS.

On-Site Results
In some cases NWSS will agree to register results of onsite test carried out by clients so that they are included on the final test certificate. If this has been agreed then the onsite results should be entered here.

Sample Matrix
Please use this to indicate the type of sample submitted as this will determine the correct method to be used for analysis. NWSS currently has multiple methods for a variety of analysis eg we currently have 20 methods for the determination of ammonium

Analysis / test schedule required
Within your quotation NWSS will have set up test schedules to meet your analytical requirements. Use this cell to enter either the test schedule name or the associated code for the required analysis.

Date & Time sample taken
Please enter the date and time the sample was taken. It is vital you provide this information as most determinands have a stability limit (detailed on your quotation). Samples received without a relevant date sampled may be classed as deviating and as such, this may jeopardise the validity of the reported test results.

Page No.										NWSS / COMMERCIAL SAMPLE SUBMISSION SHEET									
CLIENT					NWSS CONTRACT REF					 NWSS SCIENTIFIC SERVICES Tel: 0191 296 8366 email nwss.customer@nwl.co.uk									
CLIENT PROJECT MANAGER					NWSS PROJECT MANAGER														
TEL					AGREED TURNAROUND														
MATRIX						Sample Name / Sample Point	Consent	Sampler	Sample Comments	On-Site Results	Analysis / Test Schedule Required	DATE SAMPLED	TIME SAMPLED	NWSS LAB No.					
CL water	Effluent	Gas	Sludge	Soil	Water														
ADDITIONAL INFORMATION / HAZARD DATA						KEY TO SAMPLE SOURCE / CONSENT				ENTERED BY: (DATE)									
Detail any health or reactive hazards associated with your samples. Enclose Material Safety Data Sheets where appropriate.						PWS – Private Water Supply		TS – Tank Supplied / Tank		NO. OF SAMPLES CORRECT? (DATE)									
						SP – Swimming Pool waters				IF NO THEN REPORTED TO:									
CHAIN OF CUSTODY						Invoicing Information Samples without a valid PO no & invoice address will not be analysed until this information is provided. This may delay reporting of your results. Name & signature of person submitting samples must also be provided.													
Relinquished By		Date		Received By															
Relinquished By		Date		Received By															
Relinquished By		Date		Received By		Purchase Order Number/WRN			Invoice Address (where NWSS/NWL should send invoice)										
						Name:			Signature:										