


SAMPLE CARD

Please complete in BLOCK CAPITALS only

LAB REPORT NUMBER (Lab use):

Form 4128 Rev 2

Customer ID Code:		SAMPLE CARD NUMBER:		
Customer / Company Name:		Phone No:		
Address:		Email:		
Eircode:		CC Email / Rep Email:		
Company Rep & Branch name:		Rep Phone No:		P.O. Number:
				Quote Number:

Water Samples Only		Sample Reference/Description	Tests Required	Price €
Sampling Date	Sampling Time			
		1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
		11		
		12		
		13		
		14		
		15		

<p><small>Customer details provided are held on file for <u>internal use only</u> and to comply with regulatory requirements. Please tick this box if you agree ==></small></p>	<p>Customer Signature:</p>	<p>Date:</p>	<p>Total incl. VAT:</p>	
<p>Customers please note:</p> <p>All bacteria samples must be delivered within 24 hours of sampling.</p>	<p>Delivered by:</p>	<p>Sample Condition:</p>	<p>Paid cash:</p>	<p>Paid Card:</p>
	<p>Received at IAS by:</p>	<p>Date Received:</p>	<p>Paid cheque:</p>	<p>Account:</p>

IAS Laboratories

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ALL SAMPLES MUST BE ACCOMPANIED WITH THIS FORM COMPLETED