

SAFE WATER LABS

" Clean water, safe lives "

2750 Pilapil St. Taft Avenue, Pasay City



SAMPLE REQUEST FORM

<input type="checkbox"/> New Client <input type="checkbox"/> Old Client <input type="checkbox"/> Returning Client <input type="checkbox"/> Pick-up <input type="checkbox"/> Walk-in <input type="checkbox"/> Meet-up Sampled Collected By: _____	Date Received: _____ Time received: _____ Date Processed: _____ Time Processed: _____ Sample Received By: _____
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REMINDER: Please filled-up completely, write clearly and legibly.

*Business / Project Name: _____

*Customer / Project Address: _____

*Registered Owner's Name: _____ *Contact #: _____

*Contact Person: _____ *Email Address: _____

Description	<input type="checkbox"/> Purified Water	<input type="checkbox"/> Mineral Water	<input type="checkbox"/> Alkaline Water	<input type="checkbox"/> Deep Well	Others: _____
	<input type="checkbox"/> Water District				
Source	<input type="checkbox"/> Faucet / Tap	<input type="checkbox"/> Water Dispenser	<input type="checkbox"/> Ice Machine	Others: _____	
Classification	<input type="checkbox"/> Water Refilling Station	<input type="checkbox"/> Food Establishment	<input type="checkbox"/> Hospital/Industrial	<input type="checkbox"/> Residential	Others: _____
Condition	<input type="checkbox"/> Ambient	<input type="checkbox"/> Chilled/Refrigerated	<input type="checkbox"/> Frozen	Others: _____	
	<input type="checkbox"/> UV light ON	<input type="checkbox"/> AirCon ON	<input type="checkbox"/> With Ozonator	Others: _____	
Send Report Thru:	<input type="checkbox"/> Email	<input type="checkbox"/> Pick-up	<input type="checkbox"/> Deliver to client	<input type="checkbox"/> Courier (w/charge): _____	

I certify that the above information given is true and correct and agree that this contract will be carried out subject to WATER-LIFE LABORATORY Terms and Conditions.

- ✓ Confirmation of work.
- ✓ No refund for test which have been started prior to cancellation.
- ✓ Full payment is required upon submission of sample.
- ✓ Unpaid samples payment will be paid under an agreement.

Name of Customer / Representative: _____

Signature Over Printed Name

Date: _____

FOR LABORATORY USE ONLY

Sample Description	Test Parameters Requested (Pls. Check)	Test Methods	Cost	Results
Date Collected:	<input type="checkbox"/> Bacteriological Test			
	<input type="checkbox"/> Total / Fecal Coliform			
Time Collected:	<input type="checkbox"/> E. coli Test			
	<input type="checkbox"/> Heterotrophic Plate Count (HPC)			
Bottle Code:	<input type="checkbox"/> Physical-Chemical Test			
	<input type="checkbox"/> Mandatory Parameter: _____			
Laboratory Code:	<input type="checkbox"/> Standard Parameters: _____			
	<input type="checkbox"/> Others: _____			
	Add-ons: _____			

FOR MARKETING USE ONLY

Payment Details:	Total Amount Paid: _____	<input type="checkbox"/> Full Payment <input type="checkbox"/> Partial	O.R. Number: _____	Balance: _____
Remitted By:	Printed Name over Signature: _____		Date and Time: _____	

Impartiality and Confidentiality Statement Water-Life Laboratory is committed to the impartiality in our dealings with customers, suppliers and partners and shall maintain a presence of objectivity, independence, neutrality and freedom from conflict of interest. Water-Life Laboratory is committed to safeguarding the confidentiality of our customers, suppliers and partners. All information disclosed and indicated as confidential will be kept as such.