From:

Fill in Your Name, Home or Establishment Address

To:
The Water Testing Laboratory,
The Institute of Health Systems,
HACA Bhavan, Hyderabad, AP500004, India.
Fax: 91-40-23241567

Sir / Madam,

Test Requisition Letter (TRL1)

I am / We are, submitting here with a sample for testing. The sample collection record giving information about the source, date of collection and person(s) collecting the sample is enclosed. Kindly perform the following tests.

Check mark one or more from the following list of tests offered by the laboratory:

SvCd	☑	Service	SvCd	☑	Service
BPT	☐	Basic Potability Test	GQT	☐	Ground Water Quality Test
CPT	☐	Complete Potability Test	GBT	☐	Ground Water Bacteriological Contamination Test
WBA	☐	Bacteriological Analysis			
BIT	☐	Bottled Water Integrity Test	RCL	☐	Residual Chlorine Test
PLC	☐	Water Treatment Efficacy Test	ACT	☐	Available Chlorine Test
FWA	☐	Fluoride in Water Analysis.	AQT	☐	Alum Quality Test

Any other (Specify):

Nature of my / our concerns and why did I / we think about the test:

Please note the following contact telephone numbers, e-mail id for any additional clarification about the sample and communication of test results.

\-

STD (Area) code *Number* *Preferred time of day, contact person etc.*

Fax number, if any:

\-

STD (Area) code *Number*

E-mail:

Thanking you, yours sincerely

Place, and Date *Signature*