

From:

To:

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

Fill in Your Name, Home or Establishment Address

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	<input checked="" type="checkbox"/>	Service	SvCd	<input checked="" type="checkbox"/>	Service
BPT	<input type="checkbox"/>	Basic Potability Test	GQT	<input type="checkbox"/>	Ground Water Quality Test
CPT	<input type="checkbox"/>	Complete Potability Test	GBT	<input type="checkbox"/>	Ground Water Bacteriological Contamination Test
WBA	<input type="checkbox"/>	Bacteriological Analysis	RCL	<input type="checkbox"/>	Residual Chlorine Test
BIT	<input type="checkbox"/>	Bottled Water Integrity Test	ACT	<input type="checkbox"/>	Available Chlorine Test
PLC	<input type="checkbox"/>	Water Treatment Efficacy Test	AQT	<input type="checkbox"/>	Alum Quality Test
FWA	<input type="checkbox"/>	Fluoride in Water Analysis.			

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.

-	-
_____ <i>STD (Area) code Number</i>	_____ <i>Preferred time of day, contact person etc.</i>
Fax number, if any:	E-mail:
-	
_____ <i>STD (Area) code Number</i>	

Thanking you, yours sincerely

Place, and Date

Signature

Water Sample Collection Record (WCR1)

Date: _____ Time: _____ BottleId: _____
Date of Collection: Exact Time of Collection Bottle Number

Address: _____
of the place from where collected Number and Street

Village, Town or City State Country PIN (Postal Code)

Describe, in your own words, the Source from where collected:

Classify the source. Check mark the most appropriate of the following:

- | | |
|--|---|
| <input type="checkbox"/> Household:
<input type="checkbox"/> Direct Municipal Tap in House
<input type="checkbox"/> Household water tap.
<input type="checkbox"/> Household Sump
<input type="checkbox"/> Overhead Tank
<input type="checkbox"/> Kitchen Storage
<input type="checkbox"/> Bath Storage
<input type="checkbox"/> Water Filter Output
<input type="checkbox"/> Bore Well
<input type="checkbox"/> Other | <input type="checkbox"/> Public Water Source:
<input type="checkbox"/> Establishment:
<input type="checkbox"/> Restaurant
<input type="checkbox"/> Street Vendor:
<input type="checkbox"/> Packaged Water:
<input type="checkbox"/> Water Distribution System: |
|--|---|

Sample Collector Name, Signature and Address:

Prefix Given Name Family Name Signature

Address: _____
Number and Street

Village, Town or City State Country PIN (Postal Code)

Witness Name, Signature and Address:

Prefix Given Name Family Name Signature

Address: _____
Number and Street

Village, Town or City State Country PIN (Postal Code)