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| CLIENT: AllSci  125 Science Street  Sydney 2001 | | | TURNAROUND REQUIREMENTS:  Same Day  Normal turnaround  Other (State) | | | | | | | | | **FOR LABORATORY USE ONLY: (Circle)**  **Correct Labelling: Yes No N/A**  **Free ice/frozen bricks**  **Present on receipt: Yes No N/A**  **Other comments:** | | | | |
| Contact: Dr L. Michaels | | | Sampling Location: Lab sub-sample | | | | | | | | |
| Phone: 0433 111 000 | | | Sampler: | | | **RELINQUISED BY:**  **Date/Time** | | | | **RECEIVED BY:**  **Date/Time** | | | | **RELINQUISED BY:**  **Date/Time** | | **RECEIVED BY:**  **Date/Time** |
| Email: [l.michaels@allsci.com.au](mailto:l.michaels@allsci.com.au) | | | Checked by: | | |
| JOB ID: 1927 | | |  | | |
| **COMMENTS/ SPECIAL HANDLING/STORAGE OR DISPOSAL:** | | | | | | | | | | | | | | | | |
| **SAMPLE DETAILS**  **MATRIX- SOLID(S) WATER (W)** | | | | | **CONTAINER INFORMATION** | | **ANALYSIS REQUIRED:**  **NO3-; PO43-; Metals; TDS; TSS; pH; Cond; Turbidity; other** | | | | | | | | **Additional Information** | |
| **SAMPLE ID** | **Collection date** | **Sample Name** | | **Matrix** | **TYPE & Preservative** | |  |  |  | |  | |  | | *Comments on likely contaminant levels, dilutions, or samples requiring specific QC analysis etc* | |
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