

From:

To:

The Water Testing Laboratory,
The Institute of Health Systems,
HACA Bhavan, Hyderabad, TS500004, 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	GPT	<input type="checkbox"/> Ground Water Potability Test
CPT	<input type="checkbox"/> Complete Potability Test	GQT	<input type="checkbox"/> Ground Water Quality Test
BCT	<input type="checkbox"/> Bacteriological Analysis	GBT	<input type="checkbox"/> Ground Water Bacteriological Contamination Test
TQT	<input type="checkbox"/> Tap Water Quality Test	FLD	<input type="checkbox"/> Fluoride in Water Analysis.
BIT	<input type="checkbox"/> Bottled Water Integrity Test	AQT	<input type="checkbox"/> Alum Quality Test
RCL	<input type="checkbox"/> Residual Chlorine Test		
CAT	<input type="checkbox"/> Chlorine Availability 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.

-

<i>STD (Area) code</i>	<i>Number</i>	<i>Preferred time of day, contact person etc.</i>
Fax number, if any:		E-mail:
<i>STD (Area) code</i>	<i>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"/> Public Water Source: |
| <input type="checkbox"/> Direct Municipal Tap in House | <input type="checkbox"/> Office Complex: |
| <input type="checkbox"/> Household Water Tap. | <input type="checkbox"/> Shopping Complex/Mall: |
| <input type="checkbox"/> Apartment Water Tap. | <input type="checkbox"/> Hospital: |
| <input type="checkbox"/> Household Sump | <input type="checkbox"/> Hostel: |
| <input type="checkbox"/> Overhead Tank | <input type="checkbox"/> Educational Campus: |
| <input type="checkbox"/> Kitchen Storage | <input type="checkbox"/> RO Plant Output: |
| <input type="checkbox"/> Bath Storage | <input type="checkbox"/> Restaurant: |
| <input type="checkbox"/> Water Filter Output | <input type="checkbox"/> Street Vendor: |
| <input type="checkbox"/> Bore Well | <input type="checkbox"/> Packaged Water: |
| <input type="checkbox"/> Other | <input type="checkbox"/> Water Distribution System: |
| | <input type="checkbox"/> Water Tanker: |
| | <input type="checkbox"/> Other Establishment: |

Sample Collector Name, Signature and Telephone:

Name Signature Contact Telephone

In case the sample is from a Public Water Source (see classification above), please mention name, contact telephone number of witness if any was present at the time of taking the sample, and obtain his/her signature if feasible:

Name Signature Contact Telephone