

### ANALYSIS REQUEST FORM (WATER)

Please Fill Out and Return with Sample(s)

[ ] New Customer

[ ] Existing Customer

Date : \_\_\_\_\_

Parameter offered is accredited to SAMM ISO/IEC 17025 with associated to the method  
For more information, kindly visit our website at [www.biosynergy.com.my](http://www.biosynergy.com.my)

Company :	Contact Person :
Address :	Tel No. : Fax No. :
	E-mail :

**Sample Description / Identification (s) :** *Note : Please enclosed list of description if below space was not enough to fill up*

Sample ID	Sample Marking	Sample Quantity	Expired Date	Storage Condition
1.				
2.				
3.				
4.				
5.				

**Analysis Required :** **PO No.:** \_\_\_\_\_ **Quotation :** \_\_\_\_\_

<b>Drinking Water</b> <input type="checkbox"/> Colour <input type="checkbox"/> Turbidity <input type="checkbox"/> pH <input type="checkbox"/> Aluminium <input type="checkbox"/> Ammonia <input type="checkbox"/> Anionic Detergent <input type="checkbox"/> Arsenic <input type="checkbox"/> Biocides <input type="checkbox"/> Cadmium <input type="checkbox"/> Carbon Chloroform Ext. Chloride <input type="checkbox"/> Chloroform <input type="checkbox"/> Chromium <input type="checkbox"/> Copper <input type="checkbox"/> Cyanide <input type="checkbox"/> Flouride <input type="checkbox"/> Hardness <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> Magnesium <input type="checkbox"/> Manganese <input type="checkbox"/> Mercury <input type="checkbox"/> Mineral Oil <input type="checkbox"/> Nitrate <input type="checkbox"/> Phenol <input type="checkbox"/> Selenium <input type="checkbox"/> Silver <input type="checkbox"/> Sodium <input type="checkbox"/> Sulphate <input type="checkbox"/> Zinc <input type="checkbox"/> Residual Chlorine <input type="checkbox"/> Aldrin/Dieldrin <input type="checkbox"/> Chlordane <input type="checkbox"/> 2,4-D <input type="checkbox"/> DDT <input type="checkbox"/> Heptachlorobenzene <input type="checkbox"/> Lindane <input type="checkbox"/> Methoxy chlor <input type="checkbox"/> Antimony <input type="checkbox"/> Barium <input type="checkbox"/> Gross $\alpha$ & $\beta$ <input type="checkbox"/> Boron <input type="checkbox"/> Nickel <input type="checkbox"/> Calcium <input type="checkbox"/> Silicon <input type="checkbox"/> Potassium <input type="checkbox"/> Coliform <input type="checkbox"/> Escherichia coli <input type="checkbox"/> Faecal <input type="checkbox"/> Streptococci <input type="checkbox"/> Yeast & Mould <input type="checkbox"/> Total Dissolved Solid <input type="checkbox"/> Hydrocarbon/Mineral oil <input type="checkbox"/> Biocides <input type="checkbox"/> Carbon Chlo. Extract			
<b>Waste Water (DOE)</b> <input type="checkbox"/> Temperature <input type="checkbox"/> pH Value <input type="checkbox"/> BOD <input type="checkbox"/> COD <input type="checkbox"/> Suspended Solid <input type="checkbox"/> Mercury <input type="checkbox"/> Cadmium <input type="checkbox"/> Chromium Hexavalent <input type="checkbox"/> Chromium Trivalent <input type="checkbox"/> Arsenic <input type="checkbox"/> Cyanide <input type="checkbox"/> Lead <input type="checkbox"/> Copper <input type="checkbox"/> Manganese <input type="checkbox"/> Nickel <input type="checkbox"/> Tin <input type="checkbox"/> Zinc <input type="checkbox"/> Boron <input type="checkbox"/> Iron <input type="checkbox"/> Silver <input type="checkbox"/> Aluminium <input type="checkbox"/> Selenium <input type="checkbox"/> Barium <input type="checkbox"/> Fluoride <input type="checkbox"/> Formaldehyde <input type="checkbox"/> Phenol <input type="checkbox"/> Free Chlorine <input type="checkbox"/> Sulphide <input type="checkbox"/> Oil & Grease <input type="checkbox"/> Ammonical Nitrogen <input type="checkbox"/> Colour <input type="checkbox"/> Ttl. Kjeldahl Nitrogen			
<b>Waste Water</b> <input type="checkbox"/> pH <input type="checkbox"/> BOD <input type="checkbox"/> COD <input type="checkbox"/> Suspended Solid <input type="checkbox"/> Oil & Grease <input type="checkbox"/> Ammonical Nitrogen <input type="checkbox"/> Mercury	<b>Schedule Waste (Solid Form)</b> <input type="checkbox"/> _____ <i>(Refer to attached schedule)</i>  <b>Schedule Waste (Liquid Form)</b> <input type="checkbox"/> _____ <i>(Refer to attached schedule)</i>	<b>Others</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	

Timeline :  Urgent 3 Working Days  Normal 10 Working Days

Decision Rule based on :

1. Laws or regulation  2. Standards or specifications  3. Requirements of customers

Other specific instruction / Request : <input type="checkbox"/> Composite Sample <input type="checkbox"/> Retest Sample <input type="checkbox"/> COA Mfg Date : _____ / Exp. Date : _____ <input type="checkbox"/> Return Bottle / Container / Icebox <input type="checkbox"/> Invoice include PO <input type="checkbox"/> COA additional ( ) copies	Request by : <i>Customer</i>  Name : _____ Date : _____
Billing Information : _____ Address : _____	

Lab Use Only			
Sample Receipt	<input type="checkbox"/> Good Condition <input type="checkbox"/> Enough Quantity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proceed to register / send to lab <input type="checkbox"/> Return to customer
Request Review	<input type="checkbox"/> Meet Customer Requirement <input type="checkbox"/> Meet Technical Requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for sample rejection : _____
Verified	<input type="checkbox"/> Method <input type="checkbox"/> Timeline	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accept / Schedule for Test <input type="checkbox"/> Return to customer