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SAMPLE SUBMISSION FORM



Customer:		Contact number:		
Contact person:		Order number:		
Address:		email address:		
		For laboratory use only:		
		Sample number:		Royal Mail Sticker:
Postcode:		Date & time received:		

Site Name:		Site Postcode:		Analysis Required (Non-UKAS)	Please Tick/Cross
Sample description i.e Kitchen Tap:		Source (Bore/Well/Spring):		Chemical & Physical	
		Treated or Raw:		Chemical, Physical & Bacteria	
Date Sampled:		Depth of Bore/Well:		Bacteria	
Time Sampled :		Any other details:			

For individual parameters please list below:

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NOTE: If all fields are not fully completed this may delay the start of your analysis or your results could be reported as deviating. If analysis required is not stated on the form we will proceed with the full standard suite.