CHAIN OF CUSTODY

Received by Coffs Harbour Lab Coffs Harbour City Council Laboratory Client Details Company Name: Name: 38 Gordon Street Contact Person: Signature: Locked Bag 155 Date/Time: Sampler Name: COFFS HARBOUR NSW 2456 Contact Number: Fax: Preservation: t: 02 6648 4460 **COFFS HARBOUR** None / Ice / Ice bricks / Acidified / Filtered f: 02 6648 4466 Email: LABORATORY / Other: e: coffs.lab@chcc.nsw.gov.au Postal Address: www.chcc.nsw.gov.au Condition of receipt: ABN/ACN:: Ambient / Cool / Frozen / Other: Project Reference: Purchase order #: NATA Accredited Facility: Chemical # 12359: Microbiological #1456 Quote ID: I relinquish the samples and agree to meet all costs of analyses, pay accounts within 14 days of receipt and understand that a minimum charge applies per batch. I hereby authorise Coffs Harbour Laboratory to dispatch samples to a NATA accredited Laboratory for analysis if required. Note that some microbiological testing is membrane presumptive. Please tick the box to indicate if you would like presumptive test results Client Signature: Print name: Company: Date: **Tests / Suites Required** Comments: Lab Rego Date /Time Sample Container Sample ID Sampled Size No. Matrix

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