

Water Sample Collection Record (WCR1)

1. Date, Time & Bottle Id:

Date: _____ Time: _____ Bottle Id: _____
Date of Collection *Exact time of Collection* *Bottle Number*

2. Place of Sampling: (Address of the place from where collected):

3. GPS Coordinates: Lat _____; Long: _____ OR
WhatsApp Live Location To: 9848011251 [If feasible]

4. About sample collection bottle:

5. Describe, in your own words, the Source from where collected:

[Please note that your detailed description helps us to interpret results. Mention about the original source, namely; municipal (metro) water, groundwater, mixed ground & municipal water, surface (tank, lake, reservoir, rivulet, river, nala) water, etc. Trace water path from source to sampling point. Mention about storages in water path, such as sump, ground or overhead tanks. Describe the sampling point and its surroundings. Give as much relevant information as you can. When multiple samples are sent to the laboratory, descriptive identification of the source of each sample, helps in traceability and interpretation of results. In case of borewells, mention age, depth, diameter, pumping arrangement.]

Continue on the backside or use additional sheet, if required.

6. Was any photo/video of source & sampling was taken? ___ No, ___ Yes. If yes, please email to ihslab@ihs.org.in or WhatsApp to: 9848011251.

7. Sample Collector Name, Signature and Telephone:

Name *Signature* *Contact Telephone*

8. In case the sample is from a Public Water Source, 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:

Witness Name *Signature* *Contact Telephone*

From:

To: The IHS Laboratory,
Sivananda Rehabilitation Home Campus,
Kukatpally, Hyderabad, TS500072, India.
Email: ihsrab@ihs.org.in; Fax: 23241567

Sir/Madam,

Water Quality Test Requisition Letter (TRL1)

I am / We are, submitting here with water sample(s) for testing. The sample collection record(s) giving information about the source(s), date(s) of collection and person(s) collecting the sample is enclosed. Kindly perform the following tests.

1. **Bottle Id, Service Code (SvCd), Package Name, Addl Parameters, if any:**

Bottle Id	SvCd	Test Package Name	Addl. Parameters

[For service codes, test package and single or limited parameter names, please refer to the latest catalogue of water quality tests, downloadable from:
<http://www.ihs.org.in/lab/wqt/IHSLabWaterQualityTestsCatalogue.pdf>]

2. **Purpose** of the test and nature of my / our concerns. Why did I / we think about the test? (Client concerns); Separate by Bottle Id, if required:

3. Telephone for any additional clarification about the source and the sample:

Mobile of landline number

Contact person name

Preferred time of day to call

4. **Email address** for communication of test results:

Thanking you, yours sincerely

Place, and Date

Signature