

Rijkswaterstaat Ministry of Infrastructure and Water Management

Sample information form for forensic analysis requests

Rijkswaterstaat RWS-Laboratory

 Case number:
 F

 Please compile your own case number (date+initials): yyyymmddXY

 For questions: Ronald van der Vliet, tel. 06-25519285 (8 AM – 5 PM) or Kees

 Kooistra , tel. 06-11876984

 Request of sample transport, tel. 088-7973793

Client

*

Additional report to

| - | name: | - | name: | |
|---|-------------------|---|-------------------|--|
| - | name of agency: | - | name of agency: | |
| - | office address: | - | office address: | |
| - | ZIP code & city: | - | ZIP code & city: | |
| - | telephone number: | - | telephone number: | |

| Sample information (1 sample per column) * | F | | | F | | | F | | |
|--|-----|----------|-----------|---|----------|-----------|---|----------|-----------|
| number of bottles | | | | | | | | | |
| preservation according standard procedures | | yes | no | | yes | no | | yes | no |
| discrete (grab) or composite sample | | discrete | composite | | discrete | composite | | discrete | composite |
| date and time of sampling | | | | | | | | | |
| sample description / location | | | | | | | | | |
| requested analysis / parameters | | | | | | | | | |
| name and agency sample taker | | | | | | | | | |
| For reporting to PowerBrowse | er: | | | | | | | | |
| facility - and sample location code | | | | | | | | | |
| date and time of inspection | | | | | | | | | |
| code of inspector | | | | | | | | | |
| LIMS number | | | | | | | | | |
| remarks and observations (can be continued on page 3) | | | | | | | | | |



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(see front page)

Sample transfer from Client to RWS-Laboratory

| | Date | Agency and department | Name | Signature | Seal code(s): |
|-----------------|------|-----------------------|------|-----------|---------------|
| Sealed by: | | | | | |
| Seal broken by: | | | | | |

| | | TRANSMISSION | N | RECEPTION | | | |
|------|-----------------------|--------------|-----------|-----------------------|------|-----------|--|
| Date | Agency and department | Name | Signature | Agency and department | Name | Signature | |
| | | | | | | | |
| | | | | | | | |

Sample transfer within RWS-Laboratory

| | | | TRANSMISSI | NC | RECEPTION | | |
|------|--------|-------------|------------|-----------|-------------|------|-----------|
| Date | Sample | Lab section | Name | Signature | Lab section | Name | Signature |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Outsourcing

| Sample numbers | |
|----------------|--|
| Contractor | |
| Remarks | |



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Notes