



Rijkswaterstaat RWS-Laboratory

Sample information form for forensic analysis requests
version 12

| |
|-----------------------|
| 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 PowerBrowser: | | | | | | |
| facility - and sample location code | | | | | | |
| date and time of inspection | | | | | | |
| code of inspector | | | | | | |
| LIMS number | | | | | | |
| remarks and observations (can be continued on page 3) | | | | | | |

* Sample information will be copied to the client report, as much as possible.



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Sample transfer from Client to RWS-Laboratory

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

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

Sample transfer within RWS-Laboratory

| | | TRANSMISSION | | | RECEPTION | | |
|------|--------|--------------|------|-----------|-------------|------|-----------|
| Date | Sample | Lab section | Name | Signature | Lab section | Name | Signature |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Outsourcing

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



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Notes