

## **Analysis Request Form**

Environmental Health Solutions 26 Rutland Street Newtown Victoria 3220 ABN: 68 089 594 916 T:1300 856 510 E: info@ehsolutions.com.au W: www.ehsolutuions.com.au

This form is for the submission of asbestos samples to Environmental Health Solutions. If you wish to submit samples for chemical testing, please contact us to discuss.

**Client Details** 

busiliess ivallie												
Primary Contact Name		me										
Address											_	
Contact Number(s)		5)										
Report Recipient Email		nail										
In	voice Email											
			ı	Payment	Methods							
Cash			Credit Card					Purchase Order				
C	ash	Туре		Card Expiry					PO Number:			
EF1	ΓPOS	Card Number	Number									
Bank 1	Transfer	Card Name										
Note: An invoice will follow once analysis is complete detailing payment methods.  For new clients, test reports will be withheld until payment is received.												
				Analysis	Request							
Analysis Requested		Asbestos Ide					tos Identificatio					
-		2-3 Days	Materials		24 Hours		Soils (Presence/Absence)		$\neg$			
Priority								ame Day				
<b>Note</b> : Additional charges apply for 'Same Day' and '24 Hour' priorities.  Contact the office to confirm the pricing and availability.												
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			sbestos Sa	•								
Samples submitted to Environmental Health Solutions for asbestos testing must be labelled individually as below and stored within Ziplock bags or equivalent. The 'Site Address', 'Client Reference' 'Sample Names' and 'Materials' sections will appear on the test report as submitted.												
Sam	ple Site Add	ress/Location										
	Client Ref	erence										
Samples Submitted By			Date Submitte				t					
Client Additional Information						•		,				
No.		S	ample Name					Material				
140.		(E.g., Loung	e ceiling, So	ceiling, Soil stockpile)			(E.g., F	(E.g., Fibro cement, vinyl, soil)				
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												