LAGUNA AAAWATER CORPORATION
OPERATIONS

LABORATORY SERVICES

DOH ACCREDITED TESTING LABORATORY

A Joint Venture of the Provincial Government of Laguna and Manila Water Company

3/F Banawe de Sta. Rosa Building, F. Reyes St., Balibago, Sta. Rosa City, Laguna 4026

Telephone Number: (049) 543 1916 ·

DOH ACCREDITED TESTING LABORATORY Accreditation No. 288

REQUEST FOR LABORATORY ANALYSIS

Name (Designation)/ Company :
Address :
Tel no. / Fax / Mobile No. : Tax Identification Number (TIN) :
E-mail Address : Send Report Thru : □ Fax □ Pick up □ Email

SAMPLE CODE	SAMPLE LOCATION	DATE/ TIME	SOURCE			SAMPLE CONTAINER	ANALYSIS													
			TYPE*	TREATED			MICROBIOLOGY				PHYSICAL - CHEMICAL									
				Y	N															

LEGEND: ***SOURCE TYPE:** Deepwell **(DW)**, Shallow Well **(SW)**, Laguna Water Line **(LWL)**, Local Water Works **(LWW)**, Rain Water **(RW)**, River, Lake, Developed Spring **(DS)**, Undeveloped Spring **(US)**

Date of Release of Test Certificate: _____

Terms and Conditions: 1. Sample should be submitted **six(6) hours** from the time of collection.
2. Analyses are subject to the conditions stated per specific test method.

Submitted by: _____
(PRINTED NAME AND SIGNATURE)/Date/Time

Submitted To: _____
(PRINTED NAME AND SIGNATURE)/Date/Time

FOR THE LABORATORY ONLY

Lab Request No. :
Received By : Date and Time :
OP and OR Number : Amount :
Reviewed By : Remarks :