

# Guide To Completing A Sample Submission Sheet

**Sample Name/Sample Point**  
This should be the sample name or if we have pre-agreed set sample points the sample point ref can be entered here NB the name given here will appear on the test certificate produced by NWSS.

**Sample Comments**  
If you need to advise us of further details pertaining to a sample please detail here.



**Sampler**  
Enter the initials of the person who took the sample.

**On-Site Results**  
In some cases NWSS will agree to register results of on-site tests so that they are included on the test certificate. These should be entered here.

**Analysis / test schedule required**  
Within your quotation NWSS will have set up test schedules to meet your analytical requirements. Use this cell to enter either the test schedule name or the associated code for the required analysis.

**Sample Matrix**  
Please use this to indicate the type of sample submitted as this will determine the correct analytical method & accreditation status for the analysis. Scan the QR code or refer to our Sample Receipt example for further guidance on matrix types.

**Date & Time sample taken**  
Please enter the date and time the sample was taken. It is vital you provide this information as most determinands have a stability limit (detailed on your quotation). Samples received without a relevant date sampled may be classed as deviating and as such, this may jeopardise the validity of the reported test results.

NWG / COMMERCIAL SAMPLE SUBMISSION SHEET										
CUSTOMER			NWSS CONTRACT REFERENCE				NWSS CONTRACT REFERENCE			
CUSTOMER PROJECT MANAGER			NWSS PROJECT MANAGER				NWSS PROJECT MANAGER			
TELEPHONE / EMAIL			AGREED TURNAROUND				AGREED TURNAROUND			
<div style="text-align: right;">  <p>Tel: 0333 321 4932 Email: <a href="mailto:nwss.customer@nwf.co.uk">nwss.customer@nwf.co.uk</a></p> </div>										
SAMPLE MATRIX	SAMPLE NAME / SAMPLE POINT		SAMPLE COMMENTS		SAMPLER	ON-SITE RESULTS	ANALYSIS / TEST SCHEDULE REQUIRED	DATE SAMPLED	TIME SAMPLED	NWSS LAB No.
HAZARD DATA			ADDITIONAL INFORMATION				ENTERED BY: DATE			
Detail any health or reactive hazards associated with your samples. Enclose Material Safety Data Sheets where appropriate.			 Scan QR code for guidance on completing the submission sheet.				NO. OF SAMPLES CORRECT? IF NO THEN REPORTED TO: <b>Purchase Order Number / WRN:</b> <small>Samples without a valid PO no &amp; invoice address will not be analysed until this information is provided. This may delay reporting of your results. Name &amp; signature of person submitting samples must also be provided.</small> Name: Signature:			
CHAIN OF CUSTODY			SAMPLE MATRIX CODES							
Relinquished By	Date	Received By	DW	Drinking Water	TE	Trade Effluent	DW_NR	Drinking Water (non-regulatory)	ASH	Ashes
			SW	Surface Water	USEW	Untreated Sewage	BW	Bottled Water	DST	Dust
Relinquished By	Date	Received By	GW	Ground Water	TSEW	Treated Sewage	PUR	Purified Water	SOI	Soils
			PW	Process Water	LL	Land Leachate	SWB	Swabs/Airstrips/Contact Plates	SED	Sediments
Relinquished By	Date	Received By	REC	Recreational Water	SAL	Saline Water	SLD	Sludge	O	Other (please specify)
			HW	Healthcare Water			AIR	Air/Filters/Probe/Stack		