



Four Rivers Sanitation Authority Laboratory
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Client:	Project Name:	
Address:	CC Report:	
Contact:	Tel:	Email:

Sampled By:			Analyses Requested												
Comments:															
			Client Sample ID	Composite Start Date/Time	Sample Collected Date/Time										
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Relinquished By:	Date/Time:	Lab Use
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Received By:	Date/Time:	Received Condition: Temperature: °C Received on ice: <input type="checkbox"/>