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**Staff only**

Entry No: .

Date: time: .

Sample code: .

**Result release date**: .

FDD Request No. ​ Date .

Ministry of Health

National Center of Food and Drug Analysis

Tel: +85621 217 284; Fax: +85621 217 503

E-mail: fdqcclaos@gmail.com

**​ Request for Testing/ Submission of Water Samples**

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| **Information below is filled by customer** | | | |
| 1. **Owner’s name** .   V. D. P. .  Tel: Fax: .  E-mail: . | | 1. **Contact person** .   V. D. P. .  Tel: Fax: .  E-mail: . | |
| 1. **Test Purposes​:**  Registration  Quality  Export   Others​ .   1. **Payment**  cash  Cheque  Wire transfer | | 1. **Test Results requires**  normally  urgently 2. **Certificate of Analysis**   Lao  English  self-taken   submit to FDD  Other information to be added in the certificate  . | |
| **Details of Sample** | | | |
| 1. **Name of sample**: Net content:​ Qty:​ sent to FM Lab FC Lab.   Lot No Reg. No Mfg. Date Exp. Date  Date of sampling Source of sampling | | | |
| 1. **Label**:  Original  Copied   Written by sampler  None   1. **Temp. of sample received**  Frozen   Room temperature  ​ Chilled (<10oC) | 1. **Sample was sent**  on-site  via FDD  via transportation services​ (bus, air, train)  Others 2. **Return of sample or container after testing**   No return  Return of sample  Return of Container | | |
| 1. **Test parameters: Microbiology**  Total bacteria  ​ E​. coli  Coliform  Others(specify) ​ ​   **Chemicals**:  pH  Hardness (Titration)  Nitrate, Nitrite (UV-Spectrophotometer)  Chloride (Cl-) (Titration, Potentio)  Fluoride (F meter)  Heavy metals: Al, Sb, As, Be, Cd, Cr, Co, Cu, Fe, Pb, Mn, Mo, Ni, Se, Tl, Th, U, V, Zn, Au, Bi, Ge, In, Li6, Sc, Tb, Y (ICP-MS/AAS)  Hg (Mercury Analyzer)  Cyanide (CN-) (Color test)  Others(specify) ​ | | | |
| **Information below is filled by NCFDA staff** | | | |
| 1. **Test parameters:**  tested regularly (go to No. 14)  **never tested before** (**submit to the laboratory**) 2. **Information in the request and label is**  similar  different **Qty of samples**   sufficient  insufficient, required more 3. **Status of sample received**  normal  abnormal (specify) 4. **Packaging**:  Original  repacked  Others (specify) 5. **Documents attached:**  not available  available (specify) | | | |
| **Information below is reviewed by the laboratory** | | | |
| 1. **Test parameters**  accept all  accept some  unacceptable   some will be tested by external labs   1. **Analyst readiness and competence:**   ready  not ready 2. **Equipment:**  ready  not ready 3. **Chemicals & Reference standards:**  available  unavailable 4. **Environmental conditions:**   suitable  not suitable | | | 1. **Conclusion***:*   accept  accept but required:  chemicals   Reference standards  Others  Unacceptable due to:  no chemical  no reference standards  no equipment  Others **Chief of Lab.** |

**Sample Received by Sample submitted by**

***Customer contact information (where further information is required)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Recorded by** | **Details** | **Contact person** | **Status** |
|  |  |  |  |  |
|  |  |  |  |  |