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Cheshire Scientific Ltd	Issue No. 3
	Issue Date 17.04.25
Analysis request Form	Issued By J Christie

CHESHIRE SCIENTIFIC
Unit 7 Brunel Rd Bromborough
0151 343 1280 Email admin@cheshirescientific.co.uk

Analysis Request Sub Sheet

1.Name of Company Sending samples and Paying for Analysis	
2.Report to be sent to: (If different from above)	
3.Name and Tel of person sending samples in case of query	
4.No. of samples enclosed	
5.Site reference	
6.Purchase Order Ref:	
7.Date/Time sampled	
8.Sampled by	
9.Drop Off Reference	

Send to Rachel.Dougan@cheshirescientific.co.uk or
Reception@cheshirescientific.co.uk

SAMPLE RECEIPTS WILL BE SENT AFTER BOOKING IN
PLEASE ENSURE YOU CHECK THE DETAILS ARE CORRECT

Code	Water Tests		
1	Legionella spp	14	Faecal Streptococci
2	TVC 22/37	15	Nitrates
3	Coliforms E coli (Presence/absence)	16	Nitrites
4	Pseudomonas spp	17	SRB
5	Pseudomonas Aeruginosa cfu/100ml	18	SRB
6	TVC @ 30	19	Chemical Oxygen Demand
7	Coliforms/E.coli - Enumeration	20	Biological Oxygen Demand
8	Legionella by Filtration	21	Lead – mg/L
9	pH	22	Iron
10	Turbidity	23	Suspended solids
11	Conductivity	24	Copper
12	Total Chlorine mg/L	25	Taste and odour
13	Free Chlorine mg/L		
Feed Testing			
	F1-Salmonella spp on		
	F2-Enterobacteriaceae		
	F3-Aflatoxin		
	F4-Coliforms		
	F5-E Coli		
	F6-Clostridium		
	F7-Salmonella Swab		
	F8-Coliform Swab		
	F9-E Coli Swab		
--	Any other please list		

Sample Description	Date/Time sampled	Tests Required Please choose from table above or list individually	Sample Matrix (Type) ie Hot water, Pool ,Cooling Tower
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

For an up to date check please follow this https://www.ukas.com/wp-content/uploads/schedule_uploads/00002/4145Testing-Single.pdf