



ALGAL SERVICES CHAIN OF CUSTODY SAMPLE FORM

algalservices@niwa.co.nz Phone: (07) 856 7026

Please include with samples and deliver to:

NIWA - ALGAL SERVICES
100 Aurora Tce
Gate 10, Silverdale Rd
Hillcrest, Hamilton 3216

ORGANISATION: _____

CONTACT NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ PURCHASE ORDER NUMBER: _____

ANALYSIS REQUIRED:

Base Standard Full Periphyton

PRIORITY:

Standard (5 day) Express (48 h by arrangement)

Date Sent: _____

Time Sent: _____

Initials: _____ Affiliation: _____

Require COC emailed back

ADDITIONAL OPTIONS:

Biovolumes

Cyanobacteria only
 All species

Reporting

.csv Customised
 Trend graphs

Other analyses

Cyanotoxin Single Full suite
 Chlorophyll-a (Extra 1L sample required)
 Taste & odour *E. coli*
 Other: _____

AS # (NIWA use only)	Sample Name (e.g. location)	Source Code (Registered Drinking Water Supply)	Sample ID	Date Collected	Time Collected	Sample Type/s & Hazard/s (from key below)	Comments

(NIWA use only)

Date Received _____ Initials _____ Date/Time Settled _____ Initials _____

Date Analysed _____ Initials _____ Date Checked _____ Initials _____

Date Reported _____ Initials _____ Date Invoiced _____ Initials _____

Sample Outsourced to _____ Date/Time Sent _____ Initials _____

Temp. Check Samples Discarded Lot # _____

SAMPLE TYPES:

F = Freshwater **M** = Marine **U** = Not Specified/Unknown
D = Drinking water **R** = Raw source **T** = Treated
C = Contact/Recreation **S** = Surface Water **G** = Geothermal
I = Irrigation **SW** = Stock Water **O** = Ornamental Pond

SAMPLE HAZARDS:

BS = Biosecurity risk (e.g. South Island) **BH** = Biohazard risk (e.g. wastewater)

