



WATER ANALYSIS REQUISITION FORM

To be filled by customer:

DATE AND TIME OF SAMPLING: _____

LABORATORY

OWNER'S NAME: _____

SENDER'S NAME: _____

ADDRESS: _____ TEL/MOB: _____

RESULTS TO NAME: _____

EMAIL/FAX: _____

INVOICE TO: _____

SAMPLE ID: _____

Please ✓ the desired parameters

Parameter	Reference Value (WHO)	Units	Samples				
			1	2	3	4	5
Arsenic	0.05	mg/l					
Cadmium	0.005 – 0.01	mg/l					
Calcium	100	mg/l					
Chloride	25 – 250	mg/l					
Chromium	0.05	mg/l					
Copper	1	mg/l					
Cobalt	1	mg/l					
Iron	0.05 – 0.3	mg/l					
Lead	0.05	mg/l					
Magnesium	30 – 50	mg/l					
Manganese	0.02 – 0.05	mg/l					
Molybdenum	0.07	mg/l					
Nitrate	25 – 50	mg/l					
Nitrite	0.5	mg/l					
pH	6.5 – 8.6						
Phosphate	5	mg/l					
Potassium	10 – 12	mg/l					
Selenium	0.01	mg/l					
Sodium	200	mg/l					
Sulphate	25 – 250	mg/l					
Zinc	0.1 – 5.0	mg/l					

Please send 250 ml of water in sterile container

For CVRL use only:

**CENTRAL
VETERINARY
RESEARCH
LABORATORY**

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DATE AND TIME OF ARRIVAL: _____ CASE ID: _____

INVOICE NO: _____ LAB NO: _____

OTHER REFERENCE NO: _____