

**WORKCOVER NSW - CHEMICAL ANALYSIS BRANCH**

**REQUEST FOR ANALYSIS FROM WORKPLACE INVESTIGATION  
AND CHAIN OF CUSTODY DETAILS**

5a Pioneer Avenue, Thornleigh NSW 2120, AUSTRALIA;

Ph 61 2 9473 4000; Fax 61 2 9980 6849; <http://www.workcover.nsw.gov.au> ABN: 77 682 742 966

Requesting Officer : ..... Investigation No : .....

Organisation : ..... Phone : .....

Address : ..... Fax : .....

..... Date sampled : .....

Workplace Investigated : ..... (Optional) Date received at lab : .....

Sample I.D.	Sample Type	Analysis Required	Reg. No. (Office Only Use)

Comments : .....

Sample taken by :(Print) ..... Signature : ..... Date : .....

Relinquished By: (Print)..... Received By: (Print).....

Date : ..... Time : ..... Date : ..... Time : .....

Organisation : ..... Organisation : .....

Sample(s) Sealed: Yes / No Sample(s) Sealed: Yes / No

Signature : ..... Signature : .....

Relinquished By: (Print)..... Received By: (Print).....

Date : ..... Time : ..... Date : ..... Time : .....

Organisation : ..... Organisation : .....

Sample(s) Sealed: Yes / No Sample(s) Sealed: Yes / No

Signature : ..... Signature : .....

*NOTE: Samples are disposed of 1 year after receipt if not fully consumed by the analysis. Please notify lab if you require your samples to be retained for longer.*

Account to be sent to	<input type="checkbox"/> Requesting Officer .....
	<input type="checkbox"/> Company or Other .....(Please Specify)
Purchase Order Number:.....	<input type="checkbox"/> Non Chargeable (WorkCover Investigation)

Signature of Requester : .....

Date : .....