**Please complete all parts of this form, including the How To Pay Section attached.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site of sampling (Company Name & Address): | | | **Test requested (please tick one):**  Spray Paint (HDI & IPDI)  Glues/Foams/Resins (TDI & MDI)  **Or Specific - tick relevant**  HDI IPDI TDI MDI  Only request relevant tests.  If you are unsure, we can review safety data sheets if you supply them. | | Request authorised by **\***: (person to whom results will be sent).  If applicable, an invoice shall also be issued to the requestor unless stated otherwise on the How to Pay form: | |
| Name : | |
| Address: | |
|  | |
|  | |
| Tel: | |
| Email address (for receipt of results – see below):  This email will only be used for the issue of results and queries specific to the samples received | |
| Date of Collection:  Date samples sent to HSE: | | | | | Signature: | |
| Worker Reference  **(Please ensure you provide a unique ref NOT a name)** | Year of birth  (YYYY) | Sex  M/F | Smoking status\*  S/N/X/V\* | Laboratory No.  (HSE to complete) | Remarks (e.g. task details, PPE used) | **\* Requestor, please ensure to tick the box regarding consent, when samples are returned.** |
|  |  |  |  |  |  |  I hereby confirm that consent has been provided by the person(s) named on this form for the test(s) specified. **Do not** send us copies of said consent, retain them for your records.  Further information on consent can be found on our website:  [**https://bit.ly/3ofR1KN**](https://bit.ly/3ofR1KN) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  | The details provided on this form and the results of any tests will be retained by HSE for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with GDPR Article 89. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

– \*S-Smoker, N – non-smoker, X – ex-smoker, V – vaper / e-cigarettes



**Completion of this form is subject to HSE-SD’s standard terms and conditions of business, a copy of which is available on request**

WHO Collaborating Centre

**HOW TO PAY - This form must be fully completed and returned with your samples**

Please complete the below boxes and return this form with your samples and customer request form to:

Sample Reception, Room L2.51, HSE Science & Research Centre, Harpur Hill, Buxton, Derbyshire SK17 9JN.

**If you are required to pay in advance of analysis (this includes all companies whose finance sector is based outside of the UK) payment must be made in Pounds Sterling. We would recommend payment be made via either credit card or BACS to avoid a possible delay in the processing of your samples. Please ensure a VAT number is supplied if applicable.**

Please select one of the payment options below:

|  |  |  |
| --- | --- | --- |
| **PAYMENT OPTIONS** | | Please tick one |
| *If you have received a quotation/proforma invoice from us, please quote the reference number here: BSTQ…………………..* | |  |
| **1.** I wish to pay in advance and have submitted credit/debit card details to +44 (0) 203 028 3383 on ……………………..(insert date).  Please complete box 4 with your contact details for the VAT receipt. An invoice will not be issued.  **Please quote your credit card payment reference here - CC ……………..** | |  |
| **2.** I have paid in advance by BACS to the following account:  **Account Name**: Health and Safety Executive  **Account Number**: 10005889  **Sort Code**: 60-70-80  **IBAN**: GB33NWBK60708010005889 **BIC**: NWBKGB2L  **Date of Payment:……………………Payment Reference: SR BM……..………Amount Paid: £……..……..**  Please complete box 4 with your contact details for the VAT receipt. An invoice will not be issued. | |  |
| **3.** I wish to be invoiced at the end of the month to the address below (this is **not** an option if payment is required in advance of analysis).  **PLEASE BE AWARE THAT IT MAY TAKE BETWEEN 4 - 6 WEEKS FOR AN INVOICE TO BE RAISED**  **A Purchase order number and hard copy must be supplied if an invoice is required. Your analysis or report of your results will be held pending receipt of these (Sample Reception will notify you if any action is required when samples are received).**  **In order to minimise the raising of low value invoices, if the total amount owing in any calendar month is less than £100 please ensure payment is made via either credit card or BACS (Option 1 or 2).**  The invoice will be issued by the Health and Safety Executive’s shared service centre, see below bank details:  **Account name: Health and Safety Executive**  **Account number: 10005889**  **Sort Code: 60-70-80**    My purchase order/reference number for this work is …………………………………………..……..(mandatory)  I am carrying out this work on behalf of: ……………………………………………………………….… (Company)  who have agreed to HSE’s terms (i.e. payment within 30 days of invoice date) and have provided the above purchase order/reference number for the work to be invoiced against, at their address below. | |  |
| **4. PLEASE ENSURE THIS BOX IS FULLY COMPLETED**:  Name …………………………………………………………………..  Address …………………………………………………………………..  ………………………………………………………………….  ………………………………………………………………….  Postcode …………………………………………………………………..  Telephone Number ……………………………………………………….  Email …………………………………………………………………..  VAT number ……………………………………………………….. | **Lab use only**:  Our Ref:  Details of service:  Authorised:  Date: | |