**SAMPLE SUBMISSION FORM**

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| --- | --- | --- | --- |
| **Company Name** |       | **Report To** |       |
| **Contract No.** |       | **Email** |       |
| **Postal Address** |       | **Extra Copies To** |       |
| **Contact Person for Sample Submission Issues** |       | **Phone** |       | **Email** |       |
| **Purchase Order**  |       | **Result Due By** |       **(If urgent please contact the Laboratory)** |
|  |
| **Job Type** | **[ ]**  **Routine** | **[ ]**  **Non Routine** | **[ ]**  **Retest** |  **[ ]**  **Trial** | **[ ]** **Storage Trial** |
| **Customer Submission Reference** |       | **Product Description** |       |
| **Date Submitted** |        | **Sampled By** |       | **Testing Date (Storage Trials)** |       |
| **Date Sampled** |       | **Time Sampled** |       | **Sample Storage Instructions** | **[ ]  Ambient 18-25ºC [ ]  Chill 2-8ºC [ ]  Frozen -15 to -25ºC** |
| **General Comments**  | **Report Comments** (NB: These will be added to our Certificate of Analysis)       |
|  |
| **Sample Details (Please send a separate sample for microbiological, chemical and pathogen testing)** **NOTE: Please attach a safety data sheet/Product specification sheet where applicable** |
| **Sample Number (AQ use)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Product Type** |       |       |       |       |       |       |       |       |
| **Specification Code** |       |       |       |       |       |       |       |       |
| **Customer Sample Name** |       |       |       |       |       |       |       |       |
| **Batch/Lot Number** |       |       |       |       |       |       |       |       |
| **Manufacturing Date** |       |       |       |       |       |       |       |       |
| **Best Before or Use by/Expiry Date (Circle)** |       |       |       |       |       |       |       |       |
| **Individual or Composite Testing** |       |       |       |       |       |       |       |       |
| **No. of Sample Units** |       |       |       |       |       |       |       |       |
| **Tests** | **Analytical Requirements****(Tick (√) or cross (x) the test required for each sample, leave blank if not required)** |
|       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
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*To avoid charges for manual submissions, please register and submit your samples via our online testing management portal:****LabConnect.co.nz***

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