

Date Received: _____ Job no.: _____

Sample Submission Form Wool Bioassays

Contact details

Address for results	Address for invoice
Company: _____	Company: _____
Contact person: _____	Contact person: _____
Postal address: _____	Postal address: _____
Town + post code: _____	Town + post code: _____
Country: _____	Country: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email address: _____	Email address: _____
Method of payment	
Credit card: <input style="width: 100%;" type="text"/>	
Expiry date: <input style="width: 10%;" type="text"/>	Invoice*: <input type="checkbox"/> Account no: <input style="width: 10%;" type="text"/>
Name on card: _____	Cheque/Cash: <input type="checkbox"/> (attached)

*Please make sure to complete the 'Account no.' field if you ticked the 'Invoice' box.

Sampling

1. Eight subsamples of each sample should be supplied, 4 for moisture regain controls and 4 for voracity testing
2. Woven or knitted fabrics, felts, batts and sheepskins should be supplied as 40 mm Ø disks.
3. Carpets should be supplied in squares approximately 30 x 30 mm, or sufficient material for the lab to cut the squares.
4. When cutting, place sample on clean paper and use a clean die between each sample to avoid cross contamination.
5. Submit samples with this completed form to:

AsureQuality – Plant Health Laboratory
 South Drive
 Lincoln University
 Lincoln 7674
 Canterbury
6. A period of at least 16 days should be allowed for a wool bioassay. Testing takes 14 days plus one day conditioning before and after the test.
7. Please retain a copy of this form for your own reference.

Sample details

Number of samples submitted: _____	
Sample type: _____	(Woven or knitted fabrics, felts, batts, carpets or sheepskins etc.)
Test species: <input type="checkbox"/> <i>Tineola bisselliella</i>	<input type="checkbox"/> <i>Anthrenocerus australis</i>

p.t.o. for more sample details

	AsureQuality lab no.	Your sample no.	Sample description
1			<i>untreated control</i>
2			
3			
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