

# SAMPLE SUBMISSION FORM - GENERAL



AsureQuality Laboratory Services | Unit 1, 6H Sir William Pickering Drive | Private Bag 4718 | Christchurch  
 Phone: 64 3 358 1831 | Freephone: 0508 00 11 22 | Fax: 64 3 358 6222 | www.asurequality.co.nz

<b>*Business Name:</b>		<b>Submission Reference:</b>	
<b>*Postal Address:</b>		<b>*Date Submitted:</b>	
		<b>*Submitted By:</b>	
		<b>Results Required By:</b>	
		<b>Order Number:</b>	
		<b>Quote Number:</b>	
<b>*Contact Person:</b>		<b>Sample Storage Instructions</b>	
<b>*Phone:</b>	<b>Mobile:</b>	<b>Ambient</b>	<b>18 – 25°C</b> <input type="checkbox"/>
<b>Fax:</b>		<b>Chill</b>	<b>2 – 8°C</b> <input type="checkbox"/>
<b>Email:</b>		<b>Frozen</b>	<b>-15 to – 25°C</b> <input type="checkbox"/>

<b>Report Results To:</b> <i>(If different from above)</i>	<b>Extra Copies To:</b>
Email:	Email:
Fax:	Fax:

<b>Sample Details</b> <i>(Send a separate sample for microbiological, chemical and pathogen testing)</i>					
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>*Product:</b>					
<b>*Sample ID:</b>					
<b>Manufacturing Date:</b>					
<b>Best Before Date:</b>					
<b>Batch/Cypher:</b>					
<b>Quality Unit or Composite:</b>					
<b>Number of Units Sent Per Sample:</b>					
<b>Sampling Date:</b>					
<b>Sampling Time:</b>	:	:	:	:	:
<b>Testing Instructions</b> <i>(Tick the test required for each sample)</i>					
<b>Test ↓</b> <i>( incl weight &amp;/or reporting unit required )</i>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Compulsory Fields

