



A Bureau Veritas AsureQuality Joint Venture

Sample Submission Form

BVAQ Project Reference
(BVAQ Use Only)

CUSTOMER DETAILS	
Company Name:	
Contact Person:	
Email:	
Contact No.:	
Address:	
Submission Ref.:	
Purchase Order No.:	
Contract Quote No.:	
Airway Bill No.:	

REPORTING DETAILS	
Report Results To:	
Extra Copies To:	
Send Invoices To:	
Report Each Sample Separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If multiple samples are listed below, tick yes to receive an individual CoA for each sample.	
SAMPLE DETAILS	
Date/ Time Despatched:	
Sample Storage Instruction:	BVAQ to composite samples? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ambient (15 to 25°C)	Are samples hazardous to health? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chilled (0 to 15°C)	Return sample(s) after analysis <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Frozen (below 0°C)	(courier fee applies)

AsureQuality Singapore Pte. Ltd. 29 Tai Seng Avenue, #06-06 Natural Cool Lifestyle Hub, Singapore 534119. Tel: +65 6742 2006 Email: singaporesr@asurequality.com
URGENT DETAILS
<input type="checkbox"/> Normal Turn-around-time (TAT) <input type="checkbox"/> Urgent Service (surcharge applies)
NOTE: For urgent testing, please contact BVAQ prior to submitting samples to confirm availability.
Sample(s) will be discarded 4 weeks after reporting unless otherwise instructed. Charges may apply for extension of storage period.

SAMPLE DETAILS		ATTACH A SAFETY DATA SHEET / PRODUCT SPECIFICATION SHEET IF APPLICABLE						
<i>(Send a separate sample for microbiological, chemical and pathogen testing)</i>								
Product/ Spec code								
Sample ID								
Manufacturing date								
Best before/ Expiry date								
Sample Size and Quantity								
Composite Instruction (if any)								
Test Parameter	ANALYTICAL REQUIREMENTS							
<i>including weight/ reporting unit</i>	<i>Tick the test required for each sample</i>							
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIPT DETAILS	Received by:		Date/ Time received:		<input type="checkbox"/> Sample ID <input type="checkbox"/> Sample Integrity	
<i>(BVAQ USE ONLY)</i>					<input type="checkbox"/> Seal Received <input type="checkbox"/> Seal Intact	
	Labelled by:		Temperature on receipt:			