

Customer Details Company Name:* Contact Person:* Email:* Contact Phone No.:* Address: Submission Ref.: Purchase Order No.: Contract/Quote No.:	Reporting Details Report Results To:* Extra Copies To: Report each sample separately?* <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If multiple samples are listed below, tick yes to receive an individual CoA for each sample.</small> <hr/> Sample Sent By (Name):* Signed By:* Date/Time Dispatched: Condition sample(s) dispatched in: <input type="checkbox"/> Ambient <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen <input type="checkbox"/> Quarantine <small>(include a copy of the MPI Import Permit/Transfer Form stating country of origin)</small> <input type="checkbox"/> Return sample(s) after analysis <small>(Courier fees apply)</small> NOTE: Samples will be discarded/returned 8 weeks after reporting unless otherwise instructed. AQ to composite samples? <input type="checkbox"/> Yes Are samples hazardous to health?* <input type="checkbox"/> Yes <input type="checkbox"/> No Water samples submitted?* <input type="checkbox"/> Potable <input type="checkbox"/> Non-Potable	<i>AQ Project Reference</i> <small>(AQ Use Only)</small> <hr/> AsureQuality Limited Wellington Laboratory 1C Quadrant Drive, Waiwhetu Lower Hutt 5010 New Zealand Tel: +64 4 570 8359 Email: GracefieldSR@asurequality.com <hr/> Urgency Details* <input type="checkbox"/> Normal Turn-around-time (TAT) <input type="checkbox"/> Urgent Service <small>(please select from options below)</small> <input type="checkbox"/> Half quoted TAT (50% surcharge) <input type="checkbox"/> Quarter quoted TAT (100% surcharge) NOTE: For urgent testing, please contact AQ prior to submitting samples to confirm availability.
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Sample Name* <small>(unique sample identifier)</small>	Sample Type* <small>(Type of product/substance/material E.g., Potable Water, Soil, Biota Product, Apple, Cow Liver, Apple, Honey, Spinach)</small>	Sample Description <small>(additional sample information, to appear on report)</small>	Sampled Date <small>(used to determine holding time, if applicable)</small>	Testing Requirements* <small>(test or compounds to be tested for)</small>	AQ Ref. only

*Required information

Comments/Additional Information:	Received By (Name):* Signed By:*	<i>Receipt Details</i> <small>(AQ Use Only)</small>
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