

SAMPLE SUBMISSION FORM

LabWare Project Reference
(Merieux NutriSciences AQ Use Only)

CUSTOMER DETAILS				REPORT DETAILS				
Company Name:		Contact Person:		Send Invoices To:				
Address:		Email:		Report Recipient(s):				
		Contact No.:						
		Submission Ref.:		Specification Limits to be Shown on Report: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Airway Bill No.:		Report Each Sample Separately: <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Purchase Order No.:		(If multiple samples are listed below, tick yes to receive an individual CoA for each sample.)				

URGENT DETAILS	
<input type="checkbox"/> Normal Turn-around-time (TAT)	<input type="checkbox"/> Urgent Service <i>(surcharge applies. Please contact Merieux NutriSciences AQ prior to submitting samples to confirm availability)</i>

SAMPLE DETAILS			
<i>Send a separate sample for microbiological, chemical and pathogen testing.</i>			
Date /Time Despatched:		Composite Sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sample Storage Instruction:	<input type="checkbox"/> Ambient (18 to 27°C) <input type="checkbox"/> Chilled (2 to 8°C) <input type="checkbox"/> Frozen (below 0°C)	Return sample(s) after analysis:	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: Courier fee applies.
Type of Testing (Select if Yes):	<input type="checkbox"/> Shelf-Life Testing <input type="checkbox"/> Accelerated Shelf-Life Testing (ASLT)	Hazardous Sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: Attach a safety data sheet / product specification sheet if applicable

Product Specification / Code:								
Sample ID:								
Manufacturing Date:								
Best Before/ Expiry Date:								
Sample Size and Quantity:								
Composite Instruction (if any):								
Shelf-Life or ASLT Testing Date / Period (if any):								

Test Parameter <i>including reporting unit</i>	ANALYTICAL REQUIREMENTS <i>(Tick the test required for each sample)</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"/>	<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"/>	<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"/>

RECEIPT DETAILS <i>(Merieux NutriSciences AQ Use Only)</i>		Received by:	Date/ Time received:	Temperature on receipt:	<input type="checkbox"/> Infrared <input type="checkbox"/> Probe	<input type="checkbox"/> Sample ID	<input type="checkbox"/> Seal Received
		Labelled by:				<input type="checkbox"/> Sample Integrity	<input type="checkbox"/> Seal Intact