

**SAMPLE SUBMISSION FORM**

**SEND SAMPLES TO:**

37 Spring St, Freemans Bay, Auckland, 1011

Ph 09 360 2077

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name: |  | Contact Person: |  |
| Postal Address: |  | Phone: | Mobile:Direct Dial: |
| Fax: |  |
| Date Submitted: |  | Email: |  |
| Results Required By: |  | Purchase Order No: |  |
| Report By: | Email □ | Fax □ | Mail □ |  |  |

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| --- |
| Sample Details |
| Sample No. (Flinders Cook use) |  |  |  |
| Sample Identification: |  |  |  |
| Sample Size: |  |  |  |

|  |  |
| --- | --- |
| Tests Required (incl. reporting unit required) |  Analytical Requirements (tick the test required for each sample) |
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Any Special Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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