



Sample Submission

Please Print

Submitter Details

Sample Owner Details *(if different)*

Name			
Company			
Address		Postcode	
Phone			
Fax			
Email			
Results to be sent by:	Fax <input type="checkbox"/>	Email <input type="checkbox"/>	Post <input type="checkbox"/> Copies to:

IMPORTANT:

ENSURE THE SAMPLE AND TESTING DETAILS ARE COMPLETED ON THE BACK OF FORM

Samples will not be processed without appropriate authorisation and account payment details

Authorisation

I am the person authorised to request analysis of the samples provided and agree to accept all associated charges for such analysis

Name: _____ Signature: _____ Date _____

Send account to

Name:			WBS:-
Address:			
Postcode:	Phone:	Purchase Order No:	
Have you been given an itemised written quote ? Yes <input type="checkbox"/> No <input type="checkbox"/> Quote Number:- Q			

Send your sample(s) and this form to: Diagnostic & Analytical Services
Wollongbar Primary Industries Institute
1243 Bruxner Highway
WOLLONGBAR NSW 2477

(Phone: 02 6626 1103 Fax: 02 6626 1276)

Laboratory Use Only

Total No Samples: _____	Accessioned by: _____
Lab No (s): _____	

