



# Sample Submission

**Please Print**

**Submitter Details**

**Sample Owner Details** *(if different)*

Name												
Company												
Address												
Postcode												
Phone												
Fax												
Email		PIC NO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	N									
N												
Notification of Results to: <i>(if different from above)</i>												

## The Sample

Butter	<input type="checkbox"/>	Effluent	<input type="checkbox"/>	Plant	<input type="checkbox"/>	Animal tissue	<input type="checkbox"/>	Olives	<input type="checkbox"/>
Milk	<input type="checkbox"/>	Water	<input type="checkbox"/>	Fruit/veg	<input type="checkbox"/>	Serum	<input type="checkbox"/>	Olive oil	<input type="checkbox"/>
Fat	<input type="checkbox"/>	Leachate	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Urine	<input type="checkbox"/>		
Fish	<input type="checkbox"/>	Sludge	<input type="checkbox"/>	Cereal	<input type="checkbox"/>	Essential oil	<input type="checkbox"/>		
Post mortem	<input type="checkbox"/>	Soil	<input type="checkbox"/>	Hay	<input type="checkbox"/>				
Dip fluid	<input type="checkbox"/>	Worm castings	<input type="checkbox"/>	Stock feed	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>		

## Additional Information

Container (s) type _____	Container Return <i>(at client expense)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Sample Return Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(at client expense)</i>	
Preservatives used Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what kind ? _____	
Comments: _____	

### Laboratory Use Only

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

*NOTE: Samples requiring analyses not performed at this laboratory, may be sent to other laboratories within NSW Department of Primary Industries*

