

3MCPD Submission Form

| | |
|---------------|--|
| Customer Name | |
| Address | |
| Reference | |
| Order No. | |

| | |
|------------------|--|
| Email Report to | |
| Copies to | |
| Email Invoice to | |
| Contact/ Phone | |

Cawthron Laboratories
Sample Reception
98 Halifax St East
Nelson 7010

Ph: 03 548 2839
Email: samples@cawthron.org.nz

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|-----------|---------|------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|
| Priority: | Routine | High | URGENT: | Contact samples@cawthron.org.nz before submitting urgent samples to confirm timeframes & possible surcharges. | Results required by: | |
|-----------|---------|------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|

| Sample ID / Batch Number | Sample Description | Sample Type (i.e., OIL or POWDER) | Date & Time Sampled 24-hour clock | 3-MCPD (tick) | Other (Tick & specify below) |
|--------------------------|--------------------|--------------------------------------|--------------------------------------|------------------|---------------------------------|
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| Additional Analysis/Further Information |
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| IMPORTANT: If testing is a regulatory compliance requirement, please indicate which market(s) or notice, this relates to below. |
| |
| Sample Reception |
| ANALYSIS: MCPD (in oil) or MCPD_INFANT_FORMULA (in infant formula) |

| | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Received at Cawthron: | Condition on Arrival: |
| | <input type="checkbox"/> Room Temp <input type="checkbox"/> Chilled <input type="checkbox"/> Frozen |
| | Temperature: |
| | |