

PSP Sample Submission Form

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Customer Name			Email Report to	0						Cawthron Laboratories Sample Reception
Address			Copy to	0						98 Halifax St East Nelson 7010
Reference			Email Invoice to)						Ph: 03 548 2839 Email:
Order No.			Contact Name/Phone	9						samples@cawthron.org.nz
Priority: Routin	ne High URGENT: Conta	act	biotox@cawthron.or	rg.nz	z before sı	ubmitti	ing ı	urgent testing a	s extra c	narges will apply.
Samples Collected By: Signed:										
Sample ID	Sample Description		Date & Time Sampled (Oysters, Muss 24-hour clock etc.)							d
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Additional Analysis/Further Information (Specify Here)						Co	Condition on Arrival:		Received	at Cawthron:
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							Froz			
IMPORTANT: If testing is a regulatory compliance requirement, please indicate which market(s) or notice this relates to below.						_		erature:	1	
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