

Sample Submission Form

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Customer Name			Email Report to Copy to						- Cawthron Labs	
Address									Sample Reception 98 Halifax St East	
Reference			Email In	voice to					Nelson 7010 Ph: 03 548 2839	
Order No.	der No.			Contact Name/Phone						
Priority: Routin	ne: High: URGENT: Con	ntact	act samples@cawthron.org.nz before submitting urgent testing as extra charges will apply.							
Sample ID / Batch Number Sample Description			Date & Time Sampled 24-hour clock	Type of Sa (Oil, fish e		Testing/Analysis required				
Additional Analysis/Further Information (Specify Here)							Condition on Arrival:	Received at Ca	wthron:	
							□ Room Temp			
IMPORTANT: If testing is a regulatory compliance requirement, please indicate which market(s) or notice this relates							□ Chilled			
to below.							□ Frozen			
							Temperature:			