

## Oil Submission Form

Customer Name	ustomer Name						Email Reports to															Cawthron Labs Sample Reception									
Address						Copies to																98 Halifax St East Nelson 7010									
Reference	rence						Email Invoice to										Neison 7010  Ph: 03 548 2839														
Order No.	Order No.								Contact Name & Phone																Email: samples@cawthron.org.nz						
Priority: Rout	ne High URGENT: Contact samples@cawthron.org.nz before submitting urgent to								nt te	esting as extra charges will apply.																					
								Micı	obio	olog	y (60	mL)		C	Chen	nica	1 & 0	Com	pos	ition	1 (10	0mL	_)		Hea	vy M	letal	s (50	)mL)	)	
Sample ID /Batch No.	Sa	ample De	escription		Date 8 Sam 24-hou	pled	Aerobic Plate Count	Salmonella			Yeasts and		Staph. Aureus (		FAME (Inclu	Fre		Moistur	Omega 3			Saponification Value	Vitamins (Specify below)	ī		Pho		Cadı			Other (Specify below)
																															-
																														!	
Additional Analysis/Fu	rther Informatio	on (Specif	fy here)																		Re	ceive	ed at	Caw	thro	1					
IMPORTANT: If testing	is a regulatory o	complian	ice requiren	nent, please ir	ndicate whic	h market	(s) or	notice	e, thi	s rela	ites t	o be	low.																		

See special storage requirements over



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## Special Storage Requirements

Test	Requirement
Anthocyanins	Light sensitive
Antioxidants	Light sensitive
Astaxanthin	Light sensitive
Peroxide Value & Acid Value & P-Anisidine	Light sensitive and use container with minimal headspace
Phenolics	Light sensitive
Residual Solvents	Container with minimal headspace
Resveratrol	Light sensitive
Rotenone	Bottles supplied by Lab
Trace elements	Do not use metal utensils for sampling to avoid contamination
Vitamins	Light sensitive