

Analysis Request Form



Symbio Laboratories 52 Brandl Street, Eight Mile Plains, QLD 4113 | P: 1300 703 166 | F: 07 3219 0333

Client Company Name:	ABC Company	Date:	21/05/2016
Company Address:	44-52 Brandl Street Eight Mile Plains QLD 4113	Account Manager :	Elizabeth Chester
Client Contact:	Joe Smith	Client Email:	joe.smith@example.com.au
		Client Phone:	07 3123 4567
		Client Fax:	07 3234 5678
Additional Email Addresses:	steve.james@example.com.au		

Special Instructions: Could you please register these samples under separate certificates?

If a quotation number has been provided, please ensure it is detailed on this submission form. Tests that are outside the scope of Symbio Laboratories Pty Ltd will be subcontracted to our approved consultant laboratories. Your signature on this form is taken as acceptance of this condition.

Sample Description	Tests Required				Office use only						
	SPC (Petrifilm)	Coliforms and E. coli - MPN	Listeria spp (+ve/-ve) by VIDAS								
	M2.5	M8.3.3	M13.4spp								
Bacon, Batch # 1001	√	√	√								
Salami, Batch #1001	√	√									

Insert the sample description name you would like to see on the final certificate.

Place a tick under the analysis you would like performed.

Only tick this box if you would like accelerated testing. Please note that additional charges apply.

Tick this box if you have high moisture samples that needs to be reported on a dry weight basis.

Tick this box if accelerated turn around (chem and residue only) is required and **additional charges** are accepted.

Yes, Accelerated Turnaround

Please indicate preferred basis for report:

Dry matter **As received**

Authorised Person (Print): Joe Smith

Sign:

Quote #
LIMS Ref:

EXO Ref:

PLEASE NOTE: Your signature acknowledges receipt of liability for costs associated with analysis of the sample(s) described above.

Samples submitted without this completed form will be destroyed 48 hours after receipt of sample