



## SAMPLE SUBMISSION FORM (INCOMING)

### CUSTOMER INFORMATION

Submission Date: \_\_\_\_\_ Purchase Order: \_\_\_\_\_

Client: \_\_\_\_\_ ABN (If Applicable): \_\_\_\_\_

Client Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

***Please fill out sample & testing details on Page 2***

### TRANSFER DETAILS

#### SUBMITTED BY:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Organisation (If Applicable): \_\_\_\_\_

#### RECEIVED BY (S&H):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### INTERNAL USE ONLY:

Job Number: \_\_\_\_\_ Lab Number(s): \_\_\_\_\_ Sample Location: \_\_\_\_\_ Staff Allocated: \_\_\_\_\_

#### EXTERNAL TESTING:

Date/Time:	Released By:	Sent To:	Comments/Reason:	Results Received:

## ANALYSIS REQUEST DETAILS

Sharp & Howells Contact: \_\_\_\_\_

Results Required:      Standard / Urgent      *\*urgent results will incur a surcharge*

Storage Conditions:      Ambient / 5°C / < 10°C / Other (E.g. Stability Testing)

Sample(s) Hazardous:      Yes\* / No      *\*if yes, MSDs must be supplied*

Sample:	Client Sample ID.:	Testing Required:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		