eurofins

Procedure No: Form-55 **Sample Submission Form**

Client: _____ Quote No.: _____

Customer Ref / Field Trial Number: _____ Purchase Order: _____

Sample descripton: _____

Test required: _____

Condition on despatch: Hard Frozen Cold

Frozen Room Temp

Data Logger Included: _____

Weight of Sample(s): _____

Results to: _____ Contact number: _____

Email address: _____

Invoice to: _____

Sample Ref / ID	Description	Test Required	Sample date

PLEASE SHIP SAMPLES TO:

Eurofins Agroscience Testing Pty Ltd
Unit F6, Building F, 16 Mars Road
Lane Cove West
New South Wales 2066 Tel: (02) 9900 8442