

SAMPLE SUBMISSION FORM

METHAMPHETAMINE DRUG SUITE (WIPE & INSULATION SAMPLES)

Address: 657, Unit I, Great South Road, Penrose, Auckland Ph: 09 526 5216 Email: enquiries@labtec.net.nz

CLIENT INFORMATION		SERVICE REQUIRED	CHAIN OF CUSTODY		
Company Name:		Test Required: <input type="checkbox"/> Individual Testing <input type="checkbox"/> Field Composite <input type="checkbox"/> Lab Composite	Initials:	Dispatched	Received
Address:					
Contact Person:	Phone:	Turnaround Time (working days) : <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 5 days	Date:		
Email:					
Results To:	<input type="checkbox"/> Email Contact Person CC to:	<input type="checkbox"/> Urgent (by agreement) <i>surcharges apply</i> <i>Note: Samples should be received before 3:00 pm</i>	Time:		
	Email Other:				

SAMPLE INFORMATION

Customer Job Reference:

	Sample Type	Sample Name	Comments (if any)	LN No. (LABTEC Use)
1	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
2	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
3	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
4	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
5	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
6	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
7	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
8	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
9	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
10	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
11	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			
12	<input type="checkbox"/> Wipe <input type="checkbox"/> Insulation			