



Sample Submission Form

FOR OFFICE USE ONLY

Batch Number: _____
 Received by (signature): _____

Date and time of delivery: _____
 Sample condition on receipt: _____
 Laboratory numbers: _____

Compulsory Client Information

FDA Client Code: _____

Company Name: _____ Contact Person: _____
 Contact Numbers: _____ (mobile) _____ (Office)

First time registration ONLY

Postal Address: _____ Physical Address: _____

VAT Number: _____ Send Email on registration of samples: Yes No

Sample storage requirement (Check One):

Room temperature Refrigerate Freeze

Post analysis instructions

Client to collect FDA Lab to discard Keep sample until further notice
 (Please note that samples will be discarded after one month upon completion of the analyses)

Technique Requested:

GC/MS LC-MS/MS HPLC Not known

Matrix submitted (please also indicate the species of origin if applicable):

Origin:	Matrix:
Beef (Bovine) <input type="checkbox"/>	Kidney <input type="checkbox"/> Egg <input type="checkbox"/> Plant material <input type="checkbox"/>
Lamb (Ovine) <input type="checkbox"/>	Liver <input type="checkbox"/> Active <input type="checkbox"/> Soil <input type="checkbox"/>
Pork (Porcine) <input type="checkbox"/>	Muscle <input type="checkbox"/> Milk <input type="checkbox"/> Water <input type="checkbox"/>
Poultry <input type="checkbox"/>	Skin <input type="checkbox"/> Milk powder <input type="checkbox"/> Other <input type="checkbox"/>
Fish <input type="checkbox"/>	Fat <input type="checkbox"/> Feed <input type="checkbox"/> specify: _____
Other <input type="checkbox"/>	Serum <input type="checkbox"/> Premix <input type="checkbox"/> _____
specify: _____	

Note: The FDA Laboratory does not composite samples. For batches of 6 or less samples, please confirm turn around time at reception@fdalab.co.za.

Client Reference (Appears in Top Right of Certificate) _____ (Max 20 Characters)

Sample Identification and/or Description (Limited to 30 Characters, Incl. Spaces)	Analysis to be Performed	FDA lab numbers	Detection limit required	Special Instructions (including replicates, comments and remarks)
		2016/		
		2016/		
		2016/		

Client Signature: _____ Date: _____ PO Number: _____

**By signing this document, the Client accepts our Terms and Conditions as published on our website:
www.fdalab.co.za**