

SAMPLE SUBMISSION FORM



TO:

AsureQuality Wellington Laboratory
 1C Quadrant Drive
 Waiwhetu
 Lower Hutt
 NEW ZEALAND **ATTENTION:**
 Tel: 64 4 570 8800
 Fax: 64 4 570 8176

Page 1 of
(If more than one submission form used)

AQ Ref: *(AsureQuality use only)*

FROM:

Customer Name/Address:	Name of Submitter:	Date/Time Despatched:
	Signature of Submitter:	
Quote Number:		Date Required By:
Tel:	Fax:	E-mail:

Report Results To: <i>(if different from above)</i>	Send Invoice To: <i>(if different from above)</i>	Customer Ref/Order No:
<input type="checkbox"/> E-mail: <input type="checkbox"/> Fax: <input type="checkbox"/> Address:		<input type="checkbox"/> Quarantine Sample <input type="checkbox"/> NZ Drinking Water <input type="checkbox"/> Return after analysis

Customer ID	Sample Description	Total Number of Components <i>(if applicable)</i>	Testing Requirements	AQ Ref: <i>(AsureQuality use only)</i>

Comments:

Received By:	Receipt Date/Time:	Courier Number:
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