

Client / Company Name:			
Client / Company Contact Details:			
Contact Name:			
Client Address:			
Phone No:		Email:	
Order / Job No:			

Site address / details (this is the address from where the samples were collected): (Please use separate sample submission forms for each site)

Total No. samples sent:		
Total No. samples received:		OFFICE USE ONLY
Date samples collected:		Date results required:

Sample ID and locations (list the individual sample ID's and locations below: (If Sample Id and Locations are recorded on Sample Bags, please state: "Refer to sample bags")

Additional comments:

PLEASE SEND SAMPLES TO:

PROLABS
 PO Box 11156
 Ellerslie, Auckland, 1051

 Tel: 027 464 5225
 Email: lab@prolabs.co.nz

OFFICE USE ONLY
Job No.
Date Samples Received:
Samples Checked by:

Note: It is recommended that you photocopy this form and retain for your records