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| Client: | | | | Job Description: | | | | | | | | | | | | | | | | For laboratory use only  Lims number: |
| Contact Person: | | | | Sampler: | | | | | | | | | | | | | | | |
| Contact Number: | | | | Purchase order no.: | | | | | | | | | | | | | | | |
| Email Report to: | | | | Email invoice to (if different to report): | | | | | | | | | | | | | | | |
| Results required (date): | | | Quote No.: | Analysis Required | | | | | | | | | | | | | | | | |
| **For laboratory use only** | | | Comments/Special Handling/Storage or Disposal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Notes: eg. Highly contaminated samples |
| Sample Condition: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sample Temperature: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sample Type: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sample No. | Sample ID | Matrix | Sampling Date/Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Authorised by client: | | | | | | | | | | | | | | | | | | | | |
| Name: | | Date/Time: | | I acknowledge that I have read and or been provided with and agree to the General Conditions of service of Townsville Laboratory Services | | | | | | | | | | | | | | Signature: | | |
| Submitted by: | | | | | | | | | | Received by: | | | | | | | | | | |
| Name: | | | | Date/Time: | | | | | | Laboratory Staff: | | | | | | | | Date/Time: | | |