|  |  |  |
| --- | --- | --- |
| 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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:  |