

LABORATORY SERVICES REQUEST FORM

FOOD CHEMISTRY SAMPLE SUBMISSION

INSTRUCTIONS FOR USING FILLABLE FORMS: In Acrobat Reader DC, please complete this form, then 'SAVE AS PDF' to your hard drive. Email to chemistry@phfscience.nz Print out your form and send to ESR with your sample(s).

BUSINESS NAME AND ADDRESS FOR REPORTING	
Name	
Contact name:	
Address:	
Email:	Phone:
Extra report copy to:	
Address:	

INVOICE TO <small>(if different from reporting address)</small>
Name:
Contact:
Purchase order number:
Email:

TERMS AND CONDITIONS VIEW ON THIS LINK
<input type="checkbox"/> By submitting this form, I (named above) agree to PHF Science's Terms and Conditions

TURNAROUND TIME <small>If fast or urgent, please contact laboratory to check availability</small>
<input type="checkbox"/> Standard < 15 working days <input type="checkbox"/> Fast < 8 working days (50% surcharge on price)
<input type="checkbox"/> Urgent 2-3 working days (100% surcharge on price) <input type="checkbox"/> Other

FURTHER COMMENTS/INSTRUCTIONS

SEND SAMPLES TO:	Date samples collected	Date samples sent to PHF Science
Samples sent to: <input type="checkbox"/> Attention: Food Chemistry Laboratory, PHF Science, Christchurch Science Centre, 27 Creyke Road, Ilam, Christchurch 8041		

	SAMPLE 1	SAMPLE 2	SAMPLE 3	SAMPLE 4
SAMPLE ID				
SAMPLE MATRIX				
DESCRIPTION AND FURTHER INFORMATION				
SAMPLE INFORMATION REQUIRED ON REPORT				

Write TEST NAME below & reporting units required	ANALYTICAL TESTS REQUIRED			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	SAMPLE 5	SAMPLE 6	SAMPLE 7	SAMPLE 8
SAMPLE ID				
SAMPLE MATRIX				
DESCRIPTION AND FURTHER INFORMATION				
SAMPLE INFORMATION REQUIRED ON REPORT				

Write TEST NAME below & reporting units required	ANALYTICAL TESTS REQUIRED			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using Acrobat Reader DC, SAVE AS pdf with a new name and email this request form to: chemistry@phfscience.nz

[RESET FORM](#)