

LABORATORY SERVICES REQUEST FORM
FOOD FORENSIC INVESTIGATION REQUEST

INSTRUCTIONS FOR USING THIS FILLABLE FORM: In Acrobat Reader DC, please complete this form, then 'SAVE AS PDF' to your hard drive. Email your form to chemistry@phfscience.nz and print a copy to accompany your sample.

BUSINESS NAME AND ADDRESS FOR REPORTING

Name:

Contact name:

Address:

Email:

Phone:

Extra report copy to:

Address:

INVOICE TO (if different from reporting address)

Name:

Contact:

Purchase order number:

Email:

TERMS AND CONDITIONS [VIEW ON THIS LINK](#)☐ By submitting this form, I (named above) agree to PHF Science's Terms and Conditions**SAMPLE INFORMATION**

Sample ID(s):

Number of items submitted and their description:

REQUESTED TURNAROUND TIME*☐ Standard (<15 working days)☐ Fast – 50% surcharge (<8 working days)☐ Urgent – 100% surcharge (2–3 working days)

We will do our utmost to achieve these, however due to the nature of the work, it may not be possible. Our ability to perform **Fast and **Urgent** will be confirmed on receipt of this form.*

SEND SAMPLES TO:

Food Chemistry Laboratory
PHF Science, Christchurch Science Centre,
27 Creyke Road,
Ilam, Christchurch 8041

Date sent to PHF Science:

Date collected:

BACKGROUND INFORMATION ON SAMPLE**WHAT YOU WOULD LIKE US TO TRY TO DO?****RESET FORM**www.phfscience.nz