

# ANALYSIS REQUEST FORM

(\*Mandatory fields - leaving fields blank can result in delayed testing.)



*Customer Name (Company or Person to be invoiced):			
ABN/ACN:	*Address:		
*Contact name:			*Position Held:
*Phone:	*Email Address		
*Purchase Order Number (if required):		*Agrifood Technology Quote Number:	
* FORWARD RESULTS/REPORT TO:		* FORWARD INVOICE TO:	

Please list one sample & testing requirements per line

*Sample Reference Number	**	Sample Description/Sample Type (If the sample is <b>water</b> please indicate type, <b>*Sampling date and time</b> )	*Cost Item Number (from Quote provided)	*Tests Required	Comments <small>*Notifications / requirements / warnings for lab staff</small>
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**\*Turn Around Time: Standard or Urgent (50% Surcharge Applies) \*\*PLEASE TICK BOX IF HAZARDOUS**

*\*if sampling date and time NOT provided for water samples, testing will proceed, however the integrity of the water sample maybe compromised*

Signature:..... Date: ...../...../.....

By making this request you acknowledge that the services are provided pursuant to the Agrifood Technology Testing and Analysis Terms and Conditions (www.agrifood.com.au / About / Terms and Conditions). Any variations to those Terms and Conditions must be agreed to by Agrifood Technology in writing. Australian Wool Testing Authority Ltd ABN 43 006 014 106

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