## **ANALYSIS REQUEST FORM**

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

*Customer Name (Company or	Person to be invoiced):					TECHNOLOGY
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 s	sample & testing req	uirements per line		
*Sample Referenc	e Number **	Sample Description/Sample Type (If the sample is water please indicate type, *Sampling date and time)	*Cost Item Number (from Quote provided)	*Tests	Required	Comments *Notifications / requirements / warnings for lab staff
*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 acknowledg Australian Wool Testing Authority Ltd A	ge that the services are provided purs BN 43 006 014 106	suant to the Agrifood Technology Testing and Analysis Terms and	d Conditions (www.agrifood.com.au	/ About / Terms and Conditions). Any val	riations to those Terms and Conditions must	t be agreed to by Agrifood Technology in writing.
Agrifood Technology - Vic Laboratory		Agrifood Technology - Micro Laboratory			Agrifood Technology - WA Laboratory	
Location	Postal	Location - Vic		Location - Qld	Location	Postal
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