## 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 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	Urg	ent (50% Surcharge Applies) **PLE	ASE TICK BOX IF HA	ZARDOUS	

\*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

Agrifood Technology - Vic Laboratory		Agrifood Technology - Micro Lab	oratory	Agrifood Technology - WA Laboratory	
Location	Postal	Location - Vic	Location - Qld	Location	Postal
260 Princes Hwy	PO Box 728	525 Mt Derrimut Rd	53 Canberra Street	38 Clark Court	PO Box 1546
Werribee, VIC 3030	Werribee, VIC 3030	Derrimut, Vic 3026	Hemmant, QLD 4174	Bibra Lake, WA 6163	Bibra Lake, WA 6965
Ph:(03) 9742 0555		Ph:(03) 9369 5018	Ph:(07) 3107 9928	Ph:(08) 9418 5333	
lab.vic@agrife	<u>ood.com.au</u>	lab.vic@agrifood.com.au	lab.qld@agrifood.com.au	lab.wa@agrifood.com.au	

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