

Spectralab

■ Research ■ Testing ■ Training

GENERAL SAMPLE SUBMISSION FORM

REF: SAS-CoC-001

Client Information						To be filled by the laboratory	
Company Name:						Reg. No.:	
Contact Person						Date sampled:	
Tel:						Date Received:	
Email:						Sample size:	
Preferred Mode of reporting	Email:	Y <input type="checkbox"/> N <input type="checkbox"/>		Courier:	Y <input type="checkbox"/> N <input type="checkbox"/>	Date of CoA:	
Sample Description:						Stamp	
S/N	Sample size/Volume	Required Tests				Additional Information	

Terms and Conditions

- 1 All samples are accepted when accompanied by a filled form, letter or email giving instructions to the laboratory
- 2 All samples are accepted with full Payment
- 3 Samples requiring Microbial analysis Shall NOT be accepted on Saturday
- 4 Samples requiring special storage conditions and temperature shall only be accepted when these conditions are met.
- 5 All sampling and at site and Rush/Priority analysis shall be surcharged
- 6 Turn around time 3-7 days (depending on required test) Lab is open Mon. to Fri. 8.00 AM -500 PM & Sat. 8.00 AM to 1.00 PM

Client Sign: _____ Date: _____ CoC Officer: _____ Date: _____