

SAMPLE ANALYSIS REQUEST FORM (Chain of Custody)

RECEIVED	
Date	Initial

(OFFICE USE ONLY)

Please send all samples with their request form to: P.O. Box 2594, Burleigh MDC Queensland 4220 Australia
Tel: (07) 5568 8700 Email: receptionqld@apal.com.au Website: www.apal.com.au/queensland

ANALYTICAL REQUEST NUMBER
Single Use Form – Can be submitted once only

B	#####
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CLIENT DETAILS (GROWER)	SUBMITTED BY (DISTRIBUTOR/CONSULTANT etc.)																																								
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<p>RESULT TO: (please tick ✓)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 20%;">Client</td> <td style="width: 20%;">Submitter</td> <td style="width: 20%;">Other</td> </tr> <tr> <td>Email</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>Other Email:</p>		Client	Submitter	Other	Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>CHARGE TO: <input type="checkbox"/> Submitter <input type="checkbox"/> Other</p> <p>Your Purchase Order No.</p> <p>Authorised Signature</p>																																
	Client	Submitter	Other																																						
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						

SAMPLE DETAILS

Minimum sample amounts: Plant 200 grams; Soil 500 grams; Water 200ml
Soil P (please tick ✓) one box only: P(Olsen) OR P(Colwell)

LAB SAMPLE REF (Office Use Only)	CLIENT SAMPLE REF	PADDOCK REF	SAMPLE TYPE (soil, leaf, petiole, sap, fruit/let, tuber etc)	INCLUDE CROP NAME	GROWTH STAGE REQUIRED	For CEREALS ONLY	INCLUDE TEST REQUIRED (Refer Front Cover / Website)
EXAMPLE	Sample 1* - 1 Sample Per Line	North Paddock	Leaf	Canola	3/9 leaf	Tick B = Blade OR WT = Whole Tops	P3
A						B <input type="checkbox"/> WT <input type="checkbox"/>	
B						B <input type="checkbox"/> WT <input type="checkbox"/>	
C						B <input type="checkbox"/> WT <input type="checkbox"/>	
D						B <input type="checkbox"/> WT <input type="checkbox"/>	
E						B <input type="checkbox"/> WT <input type="checkbox"/>	
F						B <input type="checkbox"/> WT <input type="checkbox"/>	

Please mark sample bags with the ANALYTICAL REQUEST NUMBER (top right) and suffix A, B, C, as appropriate.
IMPORTANT - ENSURE THE WHITE COPY IS INCLUDED WITH YOUR SAMPLES.