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| GENERAL SAMPLE SUBMISSION FORM |  | ASUREQUALITY PROJECT NUMBER*Office Use Only* |  |
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| **PLEASE NOTE*: To avoid charges for manual submissions, please register and submit your samples via our online testing management portal: LabConnect.co.nz*** |

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| Sample Details |
| *Notes:* | - **Hazardous samples:** please attach a safety data sheet and label the samples and consignment with appropriate hazardous stickers- Prior to sample dispatch, please send product specification sheets to the Specifications Team: specs@asurequality.com- If you require a separate report for each product, please fill in another sample submission form |
| Product/Matrix |       |       |       |       |       |
| Specification Code |       |       |       |       |       |
| Sample Name*(Unique identification for the samples)* |       |       |       |       |       |
| Sample Description |       |       |       |       |       |
| Batch/Lot Number |       |       |       |       |       |
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| Composite Testing *(Select if Yes)* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| \*Additional information to identify samples – select from menu (electronically). If handwritten, please refer to the guide for available options. |
| Tests | Units | Cross (x) the test required for each sample. Leave blank if not required. |
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| Additional spaces available on the second page for more samples/tests if required. **Please ensure to indicate number of pages used in the box above.** |

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| **🖰** Go to [https://www.asurequality.com/contact/sample-submission/](https://www.asurequality.com/contact/sample-submission/%20) for a guide on how to complete this submission form |
| Company Name  |       |  |
| Address:  |       |  |
|  |
| Contact Person |       | ASUREQUALITY |
| Phone : |       | RECEIVING STAMP HERE |
| Email : |       |  |
| Customer Short Code |  | *Office Use Only* |
| Contract Number |  |  |
| Purchase Order |        |  |
| URGENT *(surcharges apply)* | [ ]  | Select if **Yes**, and provide **Urgent Quote Number**: |       |  |
|  | (**Requires pre-approval**. Please call +64 9 626 8203 Option 1, or email vlabauckland@asurequality.com for Customer Services) |  |
| Submission Reference |       | Results will be reported to the default Distribution List. If you require any addition for this project, please record below: |
| Date Submitted |       | d-mmm-yy (format for all dates); hh:mm (24-hr for time) |
| Sampled By |       |
| GMP Sample | [ ]  | Select if **Yes** |
| Storage Condition | [ ]  Ambient | [ ]  Chilled  | [ ]  Frozen | **Name(s) :**       |
| Comments/Additional Information*(not visible on the report)* |       |
| **Email(s) :**       |
| Report Comments*(visible on the report)* |        |
| *Please indicate number of pages used:***Page** **of**  |

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| GENERAL SAMPLE SUBMISSION FORM |  |

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| Comments/Additional Information*(not visible on the report)* |        |
| Report Comments*(visible on the report)* |        |

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| Specification Code |       |       |       |       |       |
| Sample Name*(Unique identification for the samples)* |       |       |       |       |       |
| Sample Description |       |       |       |       |       |
| Batch/Lot Number |       |       |       |       |       |
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| Composite Testing *(Select if Yes)* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
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| Tests | Units | Cross (x) the test required for each sample. Leave blank if not required. |
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