

FILL OUT IN BLOCK CAPITALS ONLY

Company:	QUOTE REF NO.	Technician collection ONLY: Date and time collected: Cooler box temperature: Samplers signature:		
Contact Name:	Billing information (if different):	PURCHASE ORDER NUMBER:		
Phone:				
Email :	Date submitted:	BLOCK CAPITALS ONLY		
Address: BLOCK CAPITALS	Attention All Customers Payment is required for testing to proceed. Credit/Debit Card details will be accepted over phone 041 98 45440 ext. 4 Day of Production is known as Day 0 for Shelf Life	Customer Checklist - Check if you have? 1) OBTAINED A QUOTE FOR THE TESTING REQUIRED 2) INSERTED QUOTE REFERENCE NUMBER 3) ENCLOSED SUFFICIENT SAMPLE VOLUME 4) LABELLED SAMPLES AND FILLED OUT THE COC IN BLOCK CAPITALS 5) ENCLOSED PAYMENT OR A PURCHASE ORDER NUMBER		
Sample delivered by: (please circle) Customer / Fitz Technician / Courier / post		Samples will be stored under refrigeration unless requested otherwise on the Chain of Custody OR to the technician collecting.		
Provide a Sample ID / Description (Your chosen Sample ID will be on the certificate) BLOCK CAPITALS ONLY	Type of Sample (Water/Food/ Swab)	For shelf life: Provide the Date of Production (Day 0)	Provide the dates you require the product to be tested on.	Please list the tests required BLOCK CAPITALS ONLY

TECHNICIAN WILL NOT ACCEPT SAMPLES IF CHAIN OF CUSTODY IS NOT ENCLOSED.
SAMPLES RECEIVED IN THE LABORATORY BY COURIER OR POST WITHOUT CHAIN OF CUSTODY WILL NOT BE PROCESSED