

LABORATORY SERVICES REQUEST FORM FOOD CHEMISTRY SAMPLE SUBMISSION

INSTRUCTIONS FOR USING FILLABLE FORMS: In Acrobat Reader DC, please complete this form, then 'SAVE AS PDF' to your hard drive. Email to chemistry@esr.cri.nz
Print out your form and send to ESR with your sample(s).

BUSINESS NAME AND ADDRESS FOR REPORTING

Name _____

Contact name: _____

Address: _____

Email: _____ Phone: _____

Extra report copy to: _____

Address: _____

INVOICE TO (if different from reporting address)

Name: _____

Contact: _____

Purchase order number: _____

Email: _____

I agree to the the terms and conditions found [here](#)

TURNAROUND TIME If fast or urgent, please contact laboratory to check availability

Standard < 15 working days Fast < 8 working days (50% premium on price)

Urgent 2-3 working days (100% premium on price) Other

FURTHER COMMENTS/INSTRUCTIONS

SEND SAMPLES TO:

DATE SAMPLES SENT TO ESR

Samples sent to: Attention: Food Chemistry Laboratory, ESR, Christchurch Science Centre, 27 Creyke Road, Ilam, Christchurch 8041

	SAMPLE 1	SAMPLE 2	SAMPLE 3	SAMPLE 4
SAMPLE ID				
SAMPLE MATRIX				
DESCRIPTION AND FURTHER INFORMATION				
SAMPLE INFORMATION REQUIRED ON REPORT				
Write TEST NAME below & reporting units required	ANALYTICAL TESTS REQUIRED			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	SAMPLE 5	SAMPLE 6	SAMPLE 7	SAMPLE 8
SAMPLE ID				
SAMPLE MATRIX				
DESCRIPTION AND FURTHER INFORMATION				
SAMPLE INFORMATION REQUIRED ON REPORT				
Write TEST NAME below & reporting units required	ANALYTICAL TESTS REQUIRED			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using Acrobat Reader DC, SAVE AS pdf with a new name and email this request form to: chemistry@esr.cri.nz

RESET FORM

INSTITUTE OF ENVIRONMENTAL SCIENCE AND RESEARCH LIMITED

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