

LABORATORY SERVICES REQUEST FORM FOOD FORENSIC INVESTIGATION REQUEST

INSTRUCTIONS FOR USING THIS FILLABLE FORM:

In Acrobat Reader DC, please complete this form, then 'SAVE AS PDF' to your hard drive. Email your form to Chemistry@esr.cri.nz and print a copy to accompany your sample.

BUSINESS NAME AND ADDRESS FOR REPORT AND INVOICE

Business name:

Address:

CONTACT DETAILS

Contact name:

Phone:

Email:

Purchase order number:

SAMPLE INFORMATION

Sample ID(s):

Number of items submitted and their description:

Date sent to ESR:

Date collected:

Would you like photographs taken? Yes No

REQUESTED TURNAROUND TIME*

Standard (<15 working days)

Rush – 50% premium (<8 working days)

Urgent – 100% premium (2–3 working days)

Price estimate (if known): \$ _____ + GST

We will do our utmost to achieve these, however due to the nature of the work, it may not be possible. Our ability to perform **Rush and **Urgent** will be confirmed on receipt of this form.*

SEND SAMPLES TO:

Food Chemistry Laboratory
ESR, Christchurch Science Centre, 27 Creyke Road,
Ilam, Christchurch 8041

Date received at ESR:

BACKGROUND INFORMATION ON SAMPLE

WHAT YOU WOULD LIKE US TO TRY TO DO