



## INSTRUCTIONS ON HOW TO COMPLETE A PHOSYN ANALYTICAL SAMPLE ANALYSIS REQUEST FORM (Chain of Custody)

When your samples are received into the laboratory, the details on the **SAMPLE ANALYSIS REQUEST FORM** (please refer to the example below) will be cross-checked with the details noted on your sample bags. This will ensure the required testing package is performed on each sample as requested and that the correct details relating to each sample will appear on your Megalab™ report.

The Phosyn Analytical **SAMPLE ANALYSIS REQUEST FORM** provides all the critical information relating to your sample(s).

In order to provide all the critical information, there are four (3) main sections on the **SAMPLE ANALYSIS REQUEST FORM** which must be completed in full:

- (1) "CLIENT DETAILS (GROWER)";
- (2) "SUBMITTED BY (DISTRIBUTOR/CONSULTANT)" – if applicable;
- (3) "SAMPLE DETAILS" ie. Complete all columns below the **red** line for each sample as applicable

EXAMPLE ONLY	 <b>SAMPLE ANALYSIS REQUEST FORM (Chain of Custody)</b> <small>Please send all samples with their request form to: P.O. Box 2594, Burleigh MDC Queensland 4220 Australia Tel: (07) 5568 8700 Fax: (07) 5522 0720 Email: phosynanalytical@phosyn.com.au Website: www.phosynanalytical.com.au</small>																											
	 <b>ANALYTICAL REQUEST NUMBER</b> <span style="color: red; font-weight: bold;">B#####</span> <small>Single Use Form – Can be submitted once only</small>																											
	<b>CLIENT DETAILS (GROWER)</b>				<b>SUBMITTED BY (DISTRIBUTOR/CONSULTANT etc.)</b>																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Name</td><td>JOHN CITIZEN</td></tr> <tr><td>Address</td><td>60 STREET AVE, BURLEIGH, QLD, 4220</td></tr> <tr><td>Date</td><td>01 JANUARY 2017</td></tr> <tr><td>Phone</td><td>07-5568-8700</td></tr> <tr><td>Email</td><td>phosynanalytical@phosyn.com.au</td></tr> </table>				Name	JOHN CITIZEN	Address	60 STREET AVE, BURLEIGH, QLD, 4220	Date	01 JANUARY 2017	Phone	07-5568-8700	Email	phosynanalytical@phosyn.com.au	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Name</td><td>XYZ DISTRIBUTOR</td></tr> <tr><td>Address</td><td>3 AVENUE ST, SUBURB, MT BARKER, WA, 6324</td></tr> <tr><td>Date</td><td>01 JANUARY 2017</td></tr> <tr><td>Phone</td><td>08-9851-####</td></tr> <tr><td>Email</td><td>xyzdistributor@isp.com.au</td></tr> </table>				Name	XYZ DISTRIBUTOR	Address	3 AVENUE ST, SUBURB, MT BARKER, WA, 6324	Date	01 JANUARY 2017	Phone	08-9851-####	Email	xyzdistributor@isp.com.au
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<b>RESULT TO:</b> (please tick ✓) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Client</td><td>Submitter</td><td>Other</td> </tr> <tr> <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>				Client	Submitter	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>CHARGE TO:</b> <input type="checkbox"/> Submitter <input type="checkbox"/> Other Your Purchase Order No. .... Authorised Signature .....																		
Client	Submitter	Other																										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
<b>Other Email:</b> .....																												
<b>SAMPLE DETAILS</b> <small>Minimum sample amounts: Plant 200 grams; Soil 500 grams; Water 200ml      Soil P (please tick ✓) one box only: <input type="checkbox"/> P(Olsen) OR <input type="checkbox"/> P(Colwell)</small>																												
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 Sample Per Line)	North Paddock	Leaf	Canola	2/4 leaf	Not to tick OR if in white box	P3																					
A	HILLSIDE	B	SOIL	PASTURE	N/A	B <input type="checkbox"/> WT <input type="checkbox"/>	S7																					
B	SLOPE	43	LEAF	WHEAT	4-6 LEAF	B <input type="checkbox"/> WT <input checked="" type="checkbox"/>	P3																					
C	SHIRAZ	HOUSE	PETIOLE	WINE GRAPE	FLOWERING	B <input type="checkbox"/> WT <input type="checkbox"/>	P2																					
D	GALA	ROW 21	FRUIT	APPLE	N/A	B <input type="checkbox"/> WT <input type="checkbox"/>	P7																					
E	ZONE C	19	GRAIN	BARLEY	N/A	B <input type="checkbox"/> WT <input type="checkbox"/>	P1																					
F	DAM	LOW	WATER	WATER	N/A	B <input type="checkbox"/> WT <input type="checkbox"/>	M03																					
<small>Please mark sample bags with the ANALYTICAL REQUEST NUMBER (top right) and suffix A, B, C, as appropriate.  <b>IMPORTANT - ENSURE THE WHITE COPY IS INCLUDED WITH YOUR SAMPLES.</b></small>																												

Some of the information provided on your **SAMPLE ANALYSIS REQUEST FORM** **must** also be noted on the allocated areas on the Phosyn Analytical sample bags, specifically:

- (1) Client Name;
- (2) Analytical Request Number
- (3) Lab Sample Reference; and,
- (4) Client Sample Ref.

Send the top (white) completed **SAMPLE ANALYSIS REQUEST FORM (Chain of Custody)** with your samples to Phosyn Analytical. Please retain the carbon copy for your records.

**Minimum sample amounts required to complete your analysis:  
500 grams of soil;      200 grams of plant tissue;      200 mL of water**

After the analysis is completed, Phosyn Analytical will forward the Megalab™ report complete with analysis interpretations based on the information you have provided.