



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



SAMPLE ANALYSIS REQUEST FORM (Chain of Custody)
 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



ANALYTICAL REQUEST NUMBER B#####
Single Use Form – Can be submitted once only

CLIENT DETAILS (GROWER)				SUBMITTED BY (DISTRIBUTOR/CONSULTANT etc.)									
Name	JOHN CITIZEN			Name	XYZ DISTRIBUTOR								
Address	60 STREET AVE, BURLEIGH, QLD, 4220			Address	3 AVENUE ST, SUBURB, MT BARKER, WA, 6324								
Date	01 JANUARY 2017			Date	01 JANUARY 2017								
Phone	07-5568-8700			Phone	08-9851-####								
Email	phosynanalytical@phosyn.com.au			Email	xyzdistributor@isp.com.au								
RESULT TO: (please tick ✓) <table style="display: inline-table; border: none;"> <tr> <td style="border: none;">Client</td> <td style="border: none;">Submitter</td> <td style="border: none;">Other</td> </tr> <tr> <td style="border: none;">Email <input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>				Client	Submitter	Other	Email <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHARGE TO: <input type="checkbox"/> Submitter <input type="checkbox"/> Other: _____			
Client	Submitter	Other											
Email <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Other Email: _____				Your Purchase Order No. _____									
_____				Authorised Signature _____									

SAMPLE DETAILS
 Soil P (please tick ✓) one box only: P(Olsen) OR P(Colwell)

LAB SAMPLE REF <small>(Office Use Only)</small>	CLIENT SAMPLE REF	PADDOCK REF	SAMPLE TYPE <small>(soil, leaf, petiole, tap, fruit/let, tuber etc)</small>	INCLUDE CROP NAME	GROWTH STAGE REQUIRED	For CEREALS ONLY <small>(tick B = Blank OR WT = White box)</small>	INCLUDE TEST REQUIRED <small>(Refer Front Cover / Website)</small>
EXAMPLE	Sample (+ - 1 Sample Per Line)	North Paddock	Leaf	Canola	2/4 Leaf		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 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

Please mark sample bags with the ANALYTICAL REQUEST NUMBER (top right) and suffix A, B, C, as appropriate.
IMPORTANT - ENSURE THE WHITE COPY IS INCLUDED WITH YOUR SAMPLES.

EXAMPLE ONLY

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.