



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
 Email: phosynanalytical@phosyn.com.au Website: www.phosynanalytical.com.au



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

RECEIVED	
Date	Initial

(OFFICE USE ONLY)

B	#####
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CLIENT DETAILS (GROWER)

Name	
Address	
Date	
Phone	
Email	

RESULT TO: (please tick ✓)		Client Email <input type="checkbox"/>	Submitter <input type="checkbox"/>	Other <input type="checkbox"/>
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Other Email:

SUBMITTED BY (DISTRIBUTOR/CONSULTANT etc.)

Name	
Address	
Date	
Phone	
Email	

CHARGE TO: Submitter Other

Your Purchase Order No.

Authorised Signature

SAMPLE DETAILS

Minimum sample amounts: Plant 200 grams; Soil 500 grams; Water 200ml

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, sap, fruit/let, tuber etc)</small>	INCLUDE CROP NAME	GROWTH STAGE REQUIRED	For CEREALS ONLY	INCLUDE TEST REQUIRED <small>(Refer Front Cover / Website)</small>
EXAMPLE	<i>Sample 1* - 1 Sample Per Line</i>	<i>North Paddock</i>	<i>Leaf</i>	<i>Canola</i>	<i>3/9 leaf</i>	Tick B = Blade OR WT = Whole Tops	<i>P3</i>
A						B <input type="checkbox"/> WT <input type="checkbox"/>	
B						B <input type="checkbox"/> WT <input type="checkbox"/>	
C						B <input type="checkbox"/> WT <input type="checkbox"/>	
D						B <input type="checkbox"/> WT <input type="checkbox"/>	
E						B <input type="checkbox"/> WT <input type="checkbox"/>	
F						B <input type="checkbox"/> WT <input type="checkbox"/>	

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.