

## SAMPLE SUBMISSION FORM

### SAMPLE DELIVERY

**Address:** **LABTEC, 657, Unit I, Great South Road, Penrose, Auckland**

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Report to: \_\_\_\_\_ (email Address)  
 Copies to: \_\_\_\_\_ (email Address)  
 Purchase Order: \_\_\_\_\_ Submission Date: \_\_\_\_\_

### SAMPLE DETAILS

Description: \_\_\_\_\_  
 Identity: \_\_\_\_\_  
 LN No. (Lab Use): \_\_\_\_\_

### TESTING REQUIRED

Test 1: \_\_\_\_\_  
 Specification: \_\_\_\_\_  
 \_\_\_\_\_  
 Test 2: \_\_\_\_\_  
 Specification: \_\_\_\_\_  
 \_\_\_\_\_  
 Test 3: \_\_\_\_\_  
 Specification: \_\_\_\_\_  
 \_\_\_\_\_  
 Test 4: \_\_\_\_\_  
 Specification: \_\_\_\_\_  
 \_\_\_\_\_  
 Test 5: \_\_\_\_\_  
 Specification: \_\_\_\_\_  
 \_\_\_\_\_

Continue on additional sheets, if required.