SAMPLE SUBMISSION FORM

ASC LABORATORIES | Laboratory Sample Intake

Document No.: [To assign] Rev.: [ ] Effective date: [ ]

LAB JOB / ACCESSION NO.	DATE RECEIVED	TIME RECEIVED	PRIORITY [ ] Routine [ ] Urgent

1. CLIENT & BILLING DETAILS | Please complete all applicable fields

Client / Company name		Contact person
Telephone / Mobile	**Email for results**	**Quote / PO reference**
Billing address	**VAT / Account no. (if applicable)**	**Results copy to (email)**

2. SAMPLE COLLECTION & SUBMISSION DETAILS | Traceability / chain-of-custody information

Site / Farm / Project		Sampler / Collected by
Collection date	**Collection time**	**Location / block / GPS**
Delivery method [ ] Hand [ ] Courier [ ] Other		**Sample category** [ ] Soil [ ] Water [ ] Plant/Leaf [ ] Other

3. SAMPLES & ANALYSES REQUESTED | Use one line per sample; attach a separate schedule if more space is required

#	Client Sample ID	Sample type / matrix	Description / source / location	Date sampled	Analysis / test(s) requested
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Special instructions / method requirements / reporting limits / hazards:

4. ADDITIONAL SAMPLE LINES | Complete only if required

#	Client Sample ID	Sample type / matrix	Description / source / location	Date sampled	Analysis / test(s) requested
11					
12					
13					
14					
15					
16					

5. REPORTING, DISPOSAL & AUTHORISATION

Preferred reporting format [ ] PDF report [ ] Data file / spreadsheet (if available)	**Results delivery** [ ] Email [ ] Collection [ ] Other: _____
Sample return / disposal instruction [ ] Dispose after laboratory retention period [ ] Return (charges may apply)	**Authorised additional work** [ ] Contact me before any additional work [ ] Proceed up to R _____
Customer reference / project code	**Copy report to**

6. CUSTOMER DECLARATION & CHAIN OF CUSTODY

I confirm that the information supplied on this form is accurate to the best of my knowledge and that the sample identifiers shown on the containers match this submission. I authorise ASC Laboratories to perform the requested work. Any material change to the requested scope or cost should be agreed with the customer unless specific prior authority is recorded above. I will inform the laboratory of any known sample hazards or special handling requirements.

Submitted by (name): _____ Signature: _____ Date: _____ Time: _____

7. LABORATORY RECEIPT & ACCEPTANCE | Laboratory use only

Sample count received	**Package condition** [ ] Intact [ ] Damaged / leaking		**Receipt temperature (if relevant)** _____ °C
Acceptance status [ ] Accepted [ ] Accepted with deviation [ ] Rejected		**Reason / deviation reference**	
Received by	**Signature / initials**	**Date**	**Time**
Logged by	**Date logged**	**Assigned section / analyst**	**Target report date**

8. GENERAL SUBMISSION GUIDANCE | For best sample integrity and traceability

1	Clearly label every sample container with the same Client Sample ID used on this form.
2	Use clean, suitable containers and packaging that protect samples from contamination, leakage, heat and physical damage.
3	Provide sufficient sample quantity for the requested work; contact the laboratory where quantity or preservation requirements are uncertain.
4	Identify hazardous, chemically treated, infectious, sharp, pressurised or otherwise unusual samples before delivery.
5	Urgent or special-turnaround requests are subject to laboratory confirmation and may affect cost.
6	Attach supporting documents, sampling plans or a separate sample schedule where the information cannot fit on this form.