


SAMPLE SUBMISSION FORM – CHAIN OF CUSTODY

Agpath Analytical Laboratory		Client Details	Agpath Quote No:	Project Ref:	
 <p style="font-size: small; margin: 0;">Agricultural Pathology & Biological Farming Service Agricultural Consultants since 1980</p>	Despatch Samples To:	Company Name:			
	Agpath P/L 105 Gunn Road, VERVALE, VIC 3814	Contact Person:		Phone:	
	Phone: 03 5629 1253 Mobile: 0413 013 247 Email: agpath@dcsi.net.au Website: www.agpath.com.au	Mobile:		Fax:	
		Email Address:			
	Postal Address:				

Payment Method: <small>(please tick <input type="checkbox"/>) (circle type of c/card)</small>	<input type="checkbox"/> Credit Card		<input type="checkbox"/> Cheque		<input type="checkbox"/> Invoice (prior approval required)		<input type="checkbox"/> Purchase Order		
	Bankcard Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>		No: / / / <small>4 digits 4 digits 4 digits 4 digits</small>			Expiry Date:		CVV:	
	Name on Card:					Signature:			
Billing Address: <small>(if different from above)</small>									

NB: AGPATH P/L IS REGISTERED TO RECEIVE GRAPE MATERIAL AND SOILS FROM PHYLLOXERA REGIONS OF AUSTRALIA.
Please see website for maps of the affected regions
www.agpath.com.au

Received By:	Date:	Time:	Signed:
Sample Condition on receipt:			

Sample Analysis Request						
Price List						

Sample No.	Sample ID	ANALYSIS REQUIRED	PREFERRED TEST (IF ANY)						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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