


# SAMPLE SUBMISSION FORM – CHAIN OF CUSTODY

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

<b>Payment Method:</b> (please tick <input type="checkbox"/> ) (circle type of c/card)	<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:    /    /    /		Expiry Date:		CVV:	
	4 digits    4 digits    4 digits    4 digits							
Name on Card:					Signature:			
<b>Billing Address:</b> (if different from above)								

**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](http://www.agpath.com.au)

Received By:	Date:	Time:	Signed:
<b>Sample Condition on receipt:</b>			

Sample Analysis Request						
Price List						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sample No.	Sample ID	ANALYSIS REQUIRED	PREFERRED TEST (IF ANY)