SAMPLE SUBMISSION FORM (SAS219)

SASLaboratory
AN URBAN UTILITIES BUSINESS

LIMS BATCH

CHAIN OF CUSTODY

Relinquished by:

Date and Time:

Received by:

Date and Time:

SAMPLE RECEIPT ADVICE [SAS LAB USE ONLY]

Samples received in good condition	**YES / NO**
All Documentation in proper order	**YES / NO**
Samples received properly chilled	**YES / NO**
Samples within holding time	**YES / NO**

PROJECT SPECIFIC DETAILS

Job Description:

Quote Reference:

Sample Type:

CUSTOMER DETAILS

PRIMARY CONTACT DETAILS

Company Name:

ABN:

Department:

Postal Address:

Contact Name:

Contact Phone:

Contact Email: **Email Report** ☐

SECONDARY CONTACT DETAILS (IF REQUIRED)

Contact Name:

Contact Phone:

Contact Email: **Email Report** ☐

Contact Name:

Contact Phone:

Contact Email: **Email Report** ☐

NOTES

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INVOICE DETAILS

Invoice Type:	☐ **Invoice Per Job**
	☐ **Summary Invoice Each Month**
Invoice Details:	☐ **As per General Details**
	☐ **Alternate Details (Please complete below)**
Purchase Order:	
Company Name:	
ABN:	
Department:	
Postal Address:	
Contact Name:	
Contact Phone:	
Contact Email:	**Email Invoice ☐**
Contact Name:	
Contact Phone:	
Contact Email:	**Email Invoice ☐**

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SAMPLE SUBMISSION FORM (SAS219 CONTINUED)

Sequence Number	Sample Description	Date Sampled	Time Sampled												
1															
2															
3															
4															
5															
6															
7															
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9															
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