# SAMPLE SUBMISSION FORM (SAS219)

## LIMS BATCH

#### **CHAIN OF CUSTODY**





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

#### SAMPLE SUBMISSION FORM (SAS219 CONTINUED)



INVOICE DETAIL	S
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								
8								
9								
10								
11								
12								
13								
14								