

**SEDINGIN EMBUN SDN BHD** (1267411-H)

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FORM**SAMPLE SUBMISSION AND SUPPLIES REQUISITION****LABORATORY USE ONLY**

Lab Reference No.:	Date Received:	Time Received:
	Date Requested:	

CUSTOMER DETAILS

Billing Address:	Farm/Owner Name & Address:
Contact Person:	Contact Person:
Tel:	Tel:
Email:	Email:

SAMPLE / ORDER DETAILS

Species:	Flock No:	Breed:
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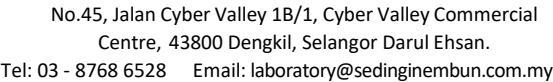
No	Sample Type	Sampling Date	Age	Sample ID/ Marking	Qty	Test Code(s)/Test Parameter(s)/ Supply Code(s)	Sample Code (Lab Use Only)

Remark by customer:	Sender Name:	Signature:
	Date:	
	Tel:	

LABORATORY USE ONLY

Appropriate Sample	☐	☐	Commencement of Work	☐	☐	Sample Storage Condition:
Competent Personnel	☐	☐	Resources	☐	☐	☐ Ambient (>15 and <25 °C): Sample Code _____
Appropriate Test Method	☐	☐				☐ Chilled (0 to 15 °C) : Sample Code _____
						☐ Frozen (below 0°C) : Sample Code _____

Comment/Remark:	Received by (Name):	Signature:



FORM

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