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**SAMPLE SUBMISSION FORM**

Fill in and print out this form to send along with samples

Office use only:

Date:	Contact Person:	Company Name:	Address:
Telephone:	1 <sup>st</sup> Email:	2 <sup>nd</sup> Email :	
Do you require a separate test reports each sample?    Yes    No			

Special Instructions for lab:

<b>Sample Description</b> <i>(Only this information will be included on the test report)</i>	Nutritional Information panel	Total Dietary Fibre	Fat	Protein	Moisture	Salt	Gluten	Water activity	pH						Specify other	Lab use only

*A minimum of 200g of product is required for Microbiological Analysis unless your standard operating procedures are specifying otherwise. This sample request form MUST be sent along with the sample. The samples submitted without completed request form will be held for a maximum of 48 hrs after which samples will be destroyed if a signed analysis request form has not been received. Residual samples are only retained until the analysis is completed and then discarded immediately. Submitting a samples request is acknowledgement to terms and conditions.*

Print Name: \_\_\_\_\_ Signature: -----