



SAMPLE SUBMISSION FORM

Vorm KK-sample_submission-01-2017

SUBMITTER:		
Company name:	VAT number:	
Contact person:	E-mail:	
Company address:	ZIP:	Phone:

ANALYTICAL REPORT WILL BE SENT BY:	INVOICE WILL BE SENT TO: (if different from submitter)
Regular mail	
E-mail	

INFORMATION ABOUT SAMPLES:						
No	Sample description	Amount	Packaging	Temp °C	Produced	Expire date
1						
2						
3						
4						
5						

Sampling date and time:	<i>In case of durability study, information about storage conditions, starting date and time of the analysis:</i>
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Sample no	Pooled sample	5 subsamples	Microbiological parameters	Sample no	Chemical parameters

COMPLETED BY THE LABORATORY:	
Arrival date and time of sample(s):	Registration number (laboratory ID):
Receptionist's name and signature:	