



SAMPLE SUBMISSION FORM

Please type your information, print out the form then email, fax or post to the address provided

CONTACT INFORMATION

Company _____

Address 1 _____

Address 2 _____

Contact Name _____

Phone # _____

Fax # _____

E-mail _____

SAMPLE INFORMATION (Separate form to accompany each sample)

Date/Time of Sample _____

Customer Reference _____

Type of Sample _____

Quantity of Sample _____

Purchase Order # _____

Turnaround Required _____

SAMPLE TESTS REQUIRED

Details of Tests Required _____

FOR OFFICE USE ONLY

INTERNAL LAB. NUMBER _____

TEST REPORT NUMBER _____

DATE OF SAMPLE RECEIPT _____

DATE OF TEST REPORT _____

address

Unit 2, Airside
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Airport Business Park
Killowen
Waterford
Ireland

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