**ANALYSIS REQUEST FORM**

**Zespri Crop Protection Scheme (CPS) – Residue Screening**

|  |  |
| --- | --- |
| **Client Information** | **Chain Of Custody Record** |
| **Name** | *Required* | **Date Sent To Analytica** | **Person Sending** |
| **Address** | *Required* | **Comments** |
| **Phone** | *Required* |
| **E-mail** | *Required* |
| **Contact Person** | *Required* |
| **Client Reference** |  | ***Laboratory ID Number*** |
| **Quote #** |  | **Purchase Order #** |  |
| **Submitter** **(if not Client)** |  | ***Date Received*** | ***Received By*** | ***Condition*** |
| **Submitter****E-mail** |  | ***Reported*** | ***Invoiced*** | ***Sent to Client*** |

|  |  |
| --- | --- |
| **Sample Identification** | **Sample Type For Analysis** |
| **#** | **Product Name & Manufacturer Name** | **Batch Number****and/or****Manufacture Date** | **Recommended Rate/100 L** | **Sample Type**Solid, Liquid | **Test Required** |
| 1 |  |  |  |  | Zespri CPS residue screen |
| 2 |  |  |  |  | Zespri CPS residue screen |
| 3 |  |  |  |  | Zespri CPS residue screen |
| 4 |  |  |  |  | Zespri CPS residue screen |
| 5 |  |  |  |  | Zespri CPS residue screen |