



# ANALYSIS REQUEST FORM

## Zespri Crop Protection Standard (CPS) - Formulation Screening

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

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

Samples will be retained for a maximum of 4 weeks following testing. For more information visit [www.analytica.co.nz](http://www.analytica.co.nz) or telephone 07 974 4740. By submitting samples you agree to our [Terms and Conditions](#)