**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 |