

LHAAC SAMPLING SCHEME – SAMPLE SUBMISSION FORM

SELECTED ANALYST	(Please Tick)	LAB USE ONLY Consignment Number:
AgriFood Technology		
Analytical Reference Laboratory		
ChemCentre (water samples only)		

NAME OF LGA:

Tel:

Food Vendor:

Address:

Sold By: Position:

Tel:

Date: Time: (am/pm)

LGA Sample Number	Sample Type (CS,DS,NC)	Legal Sample (Y/N)	Cost	Weight	Label Description	Sample Details (Brand/Manufacturer/Importer/Use By/Batch No.)	Analysis Required

Legend: CS: Coordinated Sampling Project DS: Discretionary Sample NC: Non-Compliant Sample

Special Instructions

EHO:

(Please Print Name)

.....

(EHO Signature)

EHO Email:

(EHO email address)

WITNESS:

(Please print name & signature)

Received From EHO:

(Please Print Name)

Received By:

(Please Print Name)

Date:/...../.....

Time: (am/pm)

Prosecution Certificate Required: YES NO