

NON-EXPORT SAMPLE SUBMISSION FORM



Wellington Laboratory

Telephone: (04) 570 8800 Fax: (04) 570 8176

To: Wellington Laboratory AsureQuality Limited 1C Quadrant Drive Waiwhetu LOWER HUTT 5010	Laboratory Number:	
	Date Received:	Received By:
	Number of Samples Received:	

Name of Submitter:		Name of Owner:	
Address:		Address:	
Phone:	Fax:	Date Sample Collected:	
Email:		Date Sent:	

Species:	Submitter's Reference (to appear on report):
Number of Samples Submitted:	Results Required by Date:
	Copy Results To (list all emails of report recipients):
Type of sample submitted:	Reason for Submission: Diagnostic <input type="checkbox"/> Surveillance <input type="checkbox"/> Other (specify) _____

TESTING REQUIREMENTS

Test	Test Requested (tick ✓ as required)
BVD Ag ELISA (serum)	
EBL ELISA (serum)	
IBR ELISA (serum)	
Johnes ELISA (serum)	

Comments: (e.g. Special Storage Conditions, Courier Tracking Numbers)

Submitter's Signature: _____

For sending samples more than 50, please email Animal ID Excel file to: WgtnSerology@asurequality.com

SCHEDULE OF ANIMALS

Name of Submitter:			
Submitter's Reference:			
Serial No	Animal(s) ID	Species	Comments
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