



MEATID SUBMISSION FORM

Client Name: _____

Address: _____

Phone: _____ Email: _____

Purchase Order:

Signed: _____ Date: _____

Sampling Instructions

Take homogeneous samples of at least 10g the meat meal into leakproof tubes/pottles. Label using permanent marker. Commercially packed sachets are also accepted.

Indicate testing required for each sample

Sample ID	Date sampled	Base Product Species	Contaminant/ Carry over Species
HNC4	4/7/19	Goat	Cow
HNY12	5/7/19	Sheep	Cow, Goat

Send samples in well packaged leak proof containers to

dnature diagnostics & research Ltd
60 Carnarvon Street
Gisborne 4010