

CLIENT INFORMATION

Lab number: _____

VET PRACTICE _____

OWNER/ FARM NAME _____

VETERINARIAN _____

OWNER ADDRESS/TEL _____

VET REF NUMBER _____

NUMBER OF SAMPLES SUBMITTED _____

Please fill out all fields below for each sample submitted. Testing cannot be carried out if this information is missing.

SAMPLE INFORMATION

Sample 1

Sample 2

Sample 3

Sample 4

Sample name / location _____

Sample date _____

Sample time _____

Other sample details _____

Please indicate with a tick below the testing required for each sample submitted.

TESTING REQUIRED

Sample 1

Sample 2

Sample 3

Sample 4

 Animal supplement panel
(Cu, Co, Mg, Se, Zn)

Animal supplement panel + iron

Other testing (specify) _____

*Please ensure all samples are collected according to the water sampling instructions provided.
Each sample must be submitted in a separate container.*

SAMPLE RECEIPT (for laboratory use only)

Sample 1

Sample 2

Sample 3

Sample 4

Date received _____

Time received _____

Unpacked by _____

Sample notes _____

Laboratory contact details

Auckland
 37-41 Carbine Road
 Mt Wellington
 Auckland 1642
 T: 09 5744 701

Palmerston North
 840 Tremaine Ave
 Palmerston North 4440
 T: 06 3567 100

Christchurch
 7 Halkett Street
 Christchurch 8140
 T: 03 3799 484

Dunedin
 Invermay Research Centre, Puddle Alley
 Mosgiel
 T: 03 4894 600

Hamilton (logistics hub)
 248 Grey Street
 Hamilton East
 Hamilton