NZLABS
there for you

GENERAL SUBMISSION BOOK

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CLIENT TO **TYPE** DETAILS AND **EMAIL** TO US

Company:			Registration No:		Date Despatched / /
Address:			Email:		
Contact Name:	Phone No:		Fax No:	Due Date / /	Order No:

Product Information					
Product Type					
Product Description					
Client Sample ID					
Sample Description					
Cypher Date					

Tests Required	indicate by a cross in the box below the tests which are required for each sample				

Time in _____ Condition _____ Temperature _____ Initial _____

For all Sample Kit requirements please contact:

AUCKLAND
T: 09 579 2669
F: 09 571 2285
auckland@nzlabs.co.nz

HAMILTON
T: 07 838 5920
F: 07 838 5160
hamilton@nzlabs.co.nz

HASTINGS
T: 06 870 7416
F: 06 870 7419
hastings@nzlabs.co.nz

CHRISTCHURCH
T: 03 343 5227
F: 03 343 5226
christchurch@nzlabs.co.nz