



HERBICIDE (GLYPHOSATE) ENQUIRY FORM

CONTACT DETAILS

CONTACT NAME:

MOBILE/ PHONE:

ADDRESS:

EMAIL:

TESTING DETAILS

TYPE OF TESTING:	GLYPHOSATE & AMPA IN PLANT TISSUE	GLYPHOSATE IN SOIL	GLYPHOSATE IN WATER
DO YOU REQUIRE THE FOLLOWING:	RESULTS ONLY	RESULT INTERPRETATIONS	RECOMMENDATIONS
TURNAROUND TIME (TAT):	STANDARD	URGENT	IS THIS FOR LEGAL PROCEEDINGS?
			YES NO

SAMPLING DETAILS

DO YOU REQUIRE A SAMPLE COLLECTOR?

YES NO

IF SO, PLEASE STATE ADDRESS OF SAMPLE COLLECTION & ANY SPECIFIC INSTRUCTIONS WE MAY REQUIRE:

ADDRESS:

INSTRUCTIONS:

DO YOU REQUIRE ANY OTHER SAMPLING?

YES NO

IF SO, PLEASE DETAIL WHAT TESTING YOU REQUIRE:

DETAILS:

BACKGROUND TO THE REQUEST:
DESCRIBE THE PURPOSE OF THE TESTING TO HELP US ENSURE THE CORRECT ANALYSIS:
