# TOXICOLOGY LABORATORY

Manaaki Whenua - Landcare Research

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## TISSUE SAMPLE DETAILS

**Analytical results for these samples will be reported to the client shown below only**

|  |
| --- |
| **Client details**  Contact name ……………………………………………………………………………………………………………………………….…...  Organisation …………………………………………………………………………………………………………...…………………………  Address …………………………………………………………………………………………………………………………………...…………  Phone …………………………………………………….. Fax ……………………………………………………..…………………………..  Date sample sent ………………………………  Email address ……………………………… ……………………………………………………… |

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| --- |
| **Invoice details (if different from client details)**  Contact name …………………………………………………………………………………………………………………………..………...  Organisation ……………………………………………………………………………………………………………………………………….  Address ………………………………………………………………………………………………………….……………………………………  Phone …………………………………………………….. Fax ……………………………………………………..…………………………..  Email address …………………………………………………………………………………………………………………………………….. |

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| **Test requirements:**  Urgent/standard\* turnaround:………………………………………………………………………. | | |
| Sample identification | Date/Time taken | Remarks |
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\*15 working days maximum

Please return to:

Laboratory Manager

Toxicology Laboratory

Manaaki Whenua - Landcare Research

54 Gerald Street

Lincoln 7608

Fax: 03 321 9998