# TOXICOLOGY LABORATORY

Manaaki Whenua - Landcare Research

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SAMPLE DETAILS FOR 1080 IN BLOOD PLASMA

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………………………………………………………………………………………… |

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

|  |  |  |
| --- | --- | --- |
| 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

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54 Gerald Street

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