



**Chem Chrom  
Laboratories and Services**

Unit 15/ 10-12 Montore Road  
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## ***Sample Submission form***

**To be filled and completed by customer**

<b>Company Name:</b>	
<b>Company address:</b>	
<b>Email address of the company:</b>	
<b>Telephone Number of the company:</b>	

**Sample details to be completed by Customer**

Serial Number	Date submitted	Sample name	Samples Quantity/ Numbers	Batch number	Test requirement

**Special remarks if any ( To be filled by customer)**-----  
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**Chem- Chrom Laboratory comments:**

<b>Received by and date</b>	
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**Comments :** -----

**Chem – Chrom Laboratory Manager comments :**

<b>Tentative test result delivery date and comments</b>	
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