GHLP2.2. SF17.0

GMO TEST REQUEST FORM

Compiled by:	Quality Manager	GHLP2.2. SF17	Rev. No.: 0
Approved by:	Laboratory Director	Approval: 2022-12-14	Page 1 of 1

GHL USE ONLY			
ORDER No.			
Date Rec'd			
Time Rec'd			
Temperature			
Delivery Mode	Customer	Courier	**GHL Collection
Condition			

Account Code:

Customer Name:

Contact Name:

Contact Number:

Contact Email:

Date Sampled:

Customer O/No.:

Signature:

CHECKLIST (X)	
TRF Complete	
Sample List	
Record Sheet	
Test Report	
Initial	
Comment	

GHL USE ONLY		Sample Identification		Tests Required (please mark with an X)												STORAGE [RT = 18-25 °C (R) / Chilled = 1-5 °C (C) / Frozen = < -18 °C (F)]	PRESERVED: YES / NO
Checked	GHL Sample Number			GMO Screen (35S / NOS / FMV)	GMO Quantification (35S - Maize / Soya)	Plant	CaMV	P35S:Bar (Rice)	Corn / Soya / Canola / Cotton	BAR / NPTII / PAT / CTP2: CP4 EPSPS	Roundup Ready Soya	RR2Y Soya	Roundup Ready Soya	RR2Y Soya			
sign		Description	Commodity / Type	GM.SCR	GM.35S	GM.PLT	GM.CMV	GM.BAR	GM.COM	GM.BNP	GM.RUR	GM.RR2	GN.RUR.QNT	GM.RR2.QNT		R/C/F	Y/N
**GHL Collection		Date		Time		Temp.		Signature									

Comments / Further Instructions	

!!! PLEASE PROVIDE AT LEAST 500 g OF SAMPLE !!!