GHLP2.2. SF20.0

AQUACULTURE TEST REQUEST FORM

Compiled by:	Laboratory Director	GHLP2.2. SF20	Rev. No.: 0
Approved by:	Technical Specialist	Approval: 2023-08-14	Page 1 of 1

GHL USE ONLY			
BATCH ID.			
Date Received			
Time Received			
Temperature			
Delivery Mode	Client	Courier	**GHL Collection
Sample Condition	Good	Rejected*	

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

Client Code:

Client Name:

Contact Name:

Contact No.:

Contact Email:

Date Sampled:

Farm Name:

Case No.:

Client O/No.:

Signature:

Sample Type / Description			(A = Abalone; O = Oyster; S = Scallop; F =	Tests Required (please mark with an X)									STORAGE [K] = 18-25 °C (R) / Chilled = 1-5 °C (C) / Frozen = < -18 °C (F)]
				INDIVIDUAL					PROFILES				
Sample / Bottle Number	Tank Number	Basket Number		DA.AHV	DA.OHV	DA.POL	DA.XHC	DD.ATM	DA.PRA	DA.PRB	DA.PRC	DA.PRD	R/C/F