

POULTRY TEST REQUEST FORM

Compiled by: Laboratory Director	QHLPI2.1 SF09	Rev. No.: 6
Approved by: Quality Assurance Manager	Approval Date: 2025-02-28	Page 1 of 1

Client Name:	Client Code <i>If client code can be indicated here, then particulars on left are not required</i>
Contact Name:	
Contact Number:	
Contact Email:	
Nominated Vet.:	
Vet. Number:	
Vet. Email:	
Date Sampled:	
Date Submitted:	
Client Order Number:	
Signature:	

GHL USE ONLY			
BATCH ID			
Date Received			
Time Received			
Delivery	Client	Courier	GHL Collection**
Temp. (°C)			
Sample Condition	Acceptable	Rejected	

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

[illegible]