

Date Received: _____ Job no.: _____

Sample Submission Form Wool Bioassays Testing

Contact details

Address for results	Address for invoice (if no account)
Company: _____	Company: _____
Contact person: _____	Contact person: _____
Phone: _____	Phone: _____
Email address: _____	Email address: _____
Email address: _____ (copy to)	
Sampler detail	
Name: _____	
Sampling date: _____	
Signature: _____	

Method of payment:

Prepayment: <input type="checkbox"/>	On account: <input type="checkbox"/>	Account no.: _____	Purchase order number: _____
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Sample details (List all details as you want them on the Health Test Report)

Sample type: (Woven or knitted fabrics, felts, batts, carpets or sheepskins etc.)		Sampling instructions: 1. Eight subsamples of each sample should be supplied, 4 for moisture regain controls and 4 for voracity testing 2. Woven or knitted fabrics, felts, batts and sheepskins should be supplied as 40 mm Ø disks. 3. Carpets should be supplied in squares approximately 30 x 30 mm, or sufficient material for the lab to cut the squares. 4. When cutting, place sample on clean paper and use a clean die between each sample to avoid cross contamination. 5. Submit samples with this completed form to the address at the bottom of this form. 6. A period of at least 16 days should be allowed for a wool bioassay. Testing takes 14 days plus one day conditioning before and after the test. 7. Please retain a copy of this form for your own reference.
No. of subsample/bags submitted:		
Tick the boxes for species required:	<input type="checkbox"/> <i>Tineola bisselliella</i> <input type="checkbox"/> <i>Anthrenocerus australis</i>	
Please turn over to list sample details.		

Courier to: AsureQuality - Plant Health Laboratory, South Drive, Lincoln University, Lincoln 7608
 Freephone 0508 00 11 22 or email planthealth@asurequality.com. Download this Order Form from our website at: www.asurequality.com

	AsureQuality lab No.	Your sample No.	Sample description
1			<i>Untreated control</i>
2			
3			
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