**TOXICOLOGY LABORATORY**

Landcare Research

PO Box 69040

Lincoln 7640

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**SAMPLE DETAILS FOR 1080 IN BLOOD PLASMA**

***Analytical results for these samples will be reported to the client shown below only***

|  |
| --- |
| Client details  Contact name:………………………………………………………………………………………...  Organisation:………………………………………………………………………………………….  Address:………………………………………………………………………………………………  Phone:…………………………………..Fax:………………………………………………………..  Date sample sent:………………………………… |

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| Test requirements:  Urgent/standard\* turnaround:………………………………………………………………………. |

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| Sample identification | Date/Time taken | Remarks |
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\*15 working days maximum

Please return to:

Lynn Booth

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Gerald Street

Lincoln 7608

Fax: 03 321 9998