TOWNSVILLE LABORATORY SERVICES

DELIVERY ADDRESS: 421 Angus Smith Drive, Douglas, Qld 4814 POSTAL ADDRESS: P.O. Box 1268, Townsville, Qld 4810 PHONE: 07 47278667 EMAIL: labenquiries@townsville.qld.gov.au



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CLIENT NAME:		JOB DES											FOR LABORATORY USE ONLY LIMS NUMBER:					
CONTACT PERSON:		PURCHA	ASE ORDE	R NO:														
CONTACT NUMBER:		QUOTE NO:																
EMAIL REPORT TO	0:																	
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SAMPLE TYPE:																		FOR LABORATORY USE ONLY
TURN AROUND TI	IME: Standard TAT																	SAMPLE SUBMISSION CONDITIONS:
	Priority TAT	(Surcharge Applies)																
SPECIAL INSTRUCTIONS:																		
Sample Number:	Sample Description:	Sample Date & Time:																
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Name: Date:			Signatur	Signature: I acknowledge that I have read and or been provided with and ag Services.											and agre	ee to the General Conditions of Service of Townsville Laboratory		
SUBMITTED BY:																		
Name:	ne: Date:				Signature:						:							