

Sample Submission Form

BVAQ Project Reference
(BVAQ Use Only)

CUSTOMER DETAILS	
Company Name:	
Contact Person:	
Email:	
Contact No.:	
Address:	
Submission Ref.:	
Purchase Order No.:	
Contract Quote No.:	
Airway Bill No.:	

REPORTING DETAILS	
Report Results To:	
Extra Copies To:	
Send Invoices To:	
Report Each Sample Separately? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If multiple samples are listed below, tick yes to receive an individual CoA for each sample.	
Specification Limits to be Shown on Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SAMPLE DETAILS	
Date/ Time Despatched:	
Sample Storage Instruction:	BVAQ to composite samples? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Ambient (>15 and <25°C)	Are samples hazardous to health? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chilled (0 to 15°C)	Return sample(s) after analysis <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Frozen (below 0°C)	(courier fee applies)

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URGENT DETAILS
<input type="checkbox"/> Normal Turn-around-time (TAT)
<input type="checkbox"/> Urgent Service (surcharge applies)
NOTE: For urgent testing, please contact BVAQ prior to submitting samples to confirm availability.
Sample(s) will be discarded 4 weeks after reporting unless otherwise instructed . Charges may apply for extension of storage period.

SAMPLE DETAILS				ATTACH A SAFETY DATA SHEET / PRODUCT SPECIFICATION SHEET IF APPLICABLE			
<i>(Send a separate sample for microbiological, chemical and pathogen testing)</i>							
Product/ Spec code							
Sample ID							
Manufacturing date							
Best before/ Expiry date							
Sample Size and Quantity							
Composite Instruction (if any)							
Test Parameter	ANALYTICAL REQUIREMENTS						
<i>including weight/ reporting unit</i>	<i>Tick the test required for each sample</i>						
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter text here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECEIPT DETAILS	Received by:		Date/ Time received:	<input type="checkbox"/> Sample ID <input type="checkbox"/> Seal Received <input type="checkbox"/> Sample Integrity <input type="checkbox"/> Seal Intact	
<i>(BVAQ USE ONLY)</i>	Labelled by:		Temperature on receipt:	<input type="checkbox"/> Infrared <input type="checkbox"/> Probe	