PLEASE FIND ENCLOSED A TISSUE OR SOIL SAMPLE.

The purpose of this sampling is for verification of compliance with the requirements of the relevant Standards for contamination with non-authorised products and substances for organic production and the use of prohibited methods.

Date Sent: Purchase Order No. (Audit No.):

Note: SYMBIO Invoice to quote above Purchase Order No.

OPERATION DETAILS AS FOLLOWS:

Trading Name (in full):

Address:

Certification No:

**SAMPLE DETAILS**

Sampling Date:

Sampling Location:

Batch Details (if applicable):

REASON FOR TESTING:

|  |  |
| --- | --- |
| [ ]  – Initial Audit (Client to Pay)\* | [ ]  – NOP Market Sampling (ACO to Pay)\* |
| [ ]  – ACOS Allowed Input Testing (ACO to Pay)\* | [ ]  – Sampling due to *Risk Identified at Audit* (Client to Pay)\* |
| [ ]  – ACO Instructed Sampling *Due to Risk or Nonconformance* (Client to Pay)\* | [ ]  – Random or ACO Instructed Sampling for *reasons other than Risk (ACO to pay)* |
| [ ]  – Korean Audit Sampling(Client to Pay)\* | [ ]  – Other (Describe): |

SAMPLE TYPE:

[ ]  Soil: □ Tissue:

[ ]  Other (Describe):

TEST REQUIRED:

[ ]  – **CR006A / C** **– Multi residue scan fresh fruits and vegetables / processed agricultural products**

[ ]  – CR015-2 – Diquat, Paraquat, Chlormequat, Amitrole

[ ]  – CR015-3 – Glyphosate, AMPA, Glufosinate

[ ]  – **ENV104-04S** **– Extended residue in Soil**

[ ]  – ENV104S-2 – OC, OP

[ ]  – ENV104S-3 – OC, OP, SP

[ ]  – Water Quality Testing

[ ]  – Other:

**\*1. Auditor must notify the client of the residue test fee as per the ACO fee schedule.**

\*2. Auditor must have written instructions from the ACO office to collect samples under 'ACO instructed Sampling.'

CHAIN OF CUSTODY

Sample relinquished by (**Client**): Signature:

Date/Time:

Sample taken by (**Auditor**): Signature:

Date/Time:

Sample received by (**SYMBIO**): Signature:

Date/Time:

POST SAMPLES TO: SYMBIO LABORATORIES, 52 BRANDL STREET, EIGHT MILE PLAINS, QLD 4113