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: AMAL Invoice to quote above PO Number

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/S REQUIRED:

– AMAL RS1 – OC/OP/SP Screen  – AMAL RS2 – Herbicide/Fungicide Screen

– AMAL CRS – Complete Residue Screen (RS1 and RS2)  – AMAL GLY – Glyphosate + AMPA Screen

– AMAL ORG – Organic Residue Screen (RS1, RS2 and GLY)

– AMAL NUT – Nutrient Screen – pH, EC, Organic Matter, Exchangeable Cations, Available Nutrients

– AMAL AsCd - Arsenic + Cadmium  – AMAL 8HM - 8 Heavy Metals

– 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 (**AMAL**): Signature:

Date/Time:

POST SAMPLES TO: AMAL ANALYTICAL PTY LTD, 27 SHAFTON STREET, HUNTINGDALE, VIC 3166