



CLIENT #:

INVOICE #:

APPLICATION FOR ANALYSIS

Customer Information

Name
Address
Contact No.
Email

SAMPLE INFORMATION

Weight.....
Number of samples
Sample Type

SAMPLE INFORMATION

Residue Analysis

Acetamiprid Imidacloprid Thiamethoxam Azoxystrobin
Isoprothiolane Diazinon Triazophos

Other

Time of Collection: AM PM

Date of Collection:/...../.....
DD / MM / YR

Date of Submission:/...../.....
DD / MM / YR

RECEIPT OF RESULTS

Email Hardcopy pick-up

Select your preferred method of receiving test results by checking the appropriate box

INVOICE INFORMATION - Official Use Only

Test Requested
No. Samples
Cost per test/sample No. of Active Ingredients
Total Cost
Payment Method Cheque Cash Other
Payment Received by
Date

Submitted by

Received by



APPLICATION FOR ANALYSIS (RESIDUE ANALYSIS)

Narei Compound ECD, +592-220-8836 pestlabguyana@gmail.com

I hereby agree to terms and conditions stipulated by the Pesticides and Toxic Chemicals Laboratory.

I agree that the information provided is true and accurate.

I understand that changes can be made to request and such changes will be communicated to me before any testing activity commences.

.....
Clients signature Date

.....
Accepted by Date

CHANGES/AMENDMENT TO REQUEST

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.....
.....
.....
.....

Reviewed by:

Accepted by:

Approved by:

Reviewed By: _____
Laboratory Director



APPLICATION FOR ANALYSIS (RESIDUE ANALYSIS)

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