



SAMPLE SUBMISSION FORM ELISA ANALYSIS

Romer Labs Diagnostic GmbH
 Technopark 1, A-3430 Tulln, EUROPE
 Tel : +43 2272 61533 30
 Fax : +43 2272 61533 311
 E-Mail: office@quantas-analytics.at

Your contact details:	SAMPLE INFORMATION
Name:	Date of sampling:
Address:	Number of samples:
Phone/Fax.	Location:
Invoice address:	<input type="checkbox"/> Foodstuff for direct human consumption and /or endproduct for human consumption
.....	Please provide at least 1kg of a representative sample
.....	Please wrap and label sample carefully
.....	

*please inform yourself about regulation regarding sampling (EC401_2006 Sampling or www.quantas-analytics.at)

SAMPLE DESCRIPTION, PLEASE TICK REQUESTED ANALYSIS:

Sample name (please specify)	RA5000 ZON Zearalenone	RA4000 DON Deoxynivalenol	RA1000 Aflatoxin total	RA2000 Ochratoxin A	RA3000 Fumonisin total	RA6000 T2 – Toxin
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I agree with sharing a copy of my test report with the responsible sales manager at Romer Labs Diagnostic GmbH.

Date:

Signature: