



# SAMPLE SUBMISSION FORM HPLC 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](http://www.quantas-analytics.at))

## SAMPLE DESCRIPTION, PLEASE TICK REQUESTED ANALYSIS:

Sample name (please specify)	RA1180 ZON	RA1050 DON	RA1060 B- Tricho	RA2181 ZON + DON	RA2090 A- Tricho	RA1070 Ergot- alcaloides	RA1140 Ochra A	RA1010 Afla	RA1081 FB <sub>1</sub> , FB <sub>2</sub> ,	Urgent* B- Tricho ZON
	<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"/>	<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"/>

\*Results for ZON and B-Trichothecenes within 2 working days for an additional surcharge of 50%.

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

Date: .....

Signature: .....