Environmental Analysis Laboratory

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Submitting Client Details

Quote Id: EALQ4271
Job Ref:
Company Name: AgPlus
Contact Person: Tim O'Dea
Phone: 07 4154 4872
Mobile: 0429 112 225
Fax: 07 4154 4012
Email: tim@agplushealth.com
Postal Address: PO Box 154
BUNDABERG QLD 4670

Billing Client Details

Quote Id:
ABN:
Company Name:
Contact Person:
Phone:
Mobile:
Fax:
Email:
Postal Address:

Payment Method:

☐ Purchase Order
☐ Cheque ☐ Invoice (prior approval and ABN required)
☐ Credit Card Mastercard / Visa

Relinquished by:

Preservation: None / Ice/ Ice Bricks / Acidified / Filtered / Other:

Received by:

Condition on Receipt: Ambient / Cool / Frozen / Other:

Lab ID	Sample ID	Sampling Depth	Sampling Date	Your Client	Total No. of Samples		Sample Analysis Request					
					Crop ID	Sample Type (soil, leaf etc)	NT-PACK-001 Soil Test	NT- PACK-001 Plant Test	SS-PREP-009 Plant Wash	CA-PACK-001 Compost Ext. Nutrients	SS-SING-044 E.Coli	SS-SING-045 Salmonella