

DOC401 – REQUEST FOR EXTENDED SAMPLE STORAGE



INFORMATION

Company:

Job Number:

Sample Type/s

Storage Extension By: 1 month 2 months 3 months 6 months 12 months

(After initial standard 3-month period starting from date of report being issued)

REQUESTED BY

Name:

Position:

I declare that I am authorised on behalf of the company listed above to request an extension of storage for testing samples. I acknowledge that there are costs associated with extending the storage period after and agree to payment prior to the extended storage period.

Signature:

Date:

OFFICE USE

Project Number:

Lab Number/s:

Initial Date placed in Storage:

Approved By:

