


<div>  <h1>Livelab</h1> <p>Manton Road, Brooke, Oakham, Leicestershire, LE15 8DF</p> <p>Tel: 01572-756543 www.livelab.co.uk</p> </div>			Customer Name						Invoice Address/ E-Mail					
			Address						Report E-mail					
			Tel Number						Quote Number					
			Fax Number						Purchase Number					
			Turnaround Required						Reporting Requirements					
			10 Working Days						Env.		Hard Copy Required			
			5 Working Days						Feed		E-mail (PDF)			
3 Working Days						Seed		Other (please specify)						
Other (please specify)						Oil								
Date Sampled	Sample Reference	* Sample Description	Number of samples	Livelab Reference	Analysis Required (Protein, <i>Salmonella</i> spp. Etc)	Turn around REQUIRED (Days)	GAFTA	ISO 17025:2005	Other	Comments (Hazards, Risks, Methods)				
Revision 1 Date: 17/01/2018			Document ID: Sample Receipt		Copy No. 1		Document Title: Sample Receipt Issued by. E. Blades					Page 1 of 1		

* For compound feeding stuffs please inform us of the place where sampled, date sampled, species of animal the sample is intended for and origin of ingredients

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