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| ***Laboratorio Produzioni Animali***Via Tolara di Sopra, 5040064 Ozzano dell’Emilia – BO Phone +39 051 2097360 Fax +39 051 2097373  | **Responsabile Laboratorio** **Produzioni Animali**Prof. Alberto Palmonarialberto.palmonari2@unibo.itPhone +39 051 2097374 |
| **Customer Information Date** 06/01/2022 |
| **Full name**:fill **Address**: fill **Prov/State:** fill **Country:** fill**Phone:** fill **N.B. all fields are mandatory** | **Company name:** fill**City:** fill**Postal code:** fill **VAT:** fill**Email:** fill |
| **Sample Information** ***(Please complete this form for each sample OR same group of samples. Attach additional samples information separately.)*** |
| **Sample Type**specify | **Sample Handling**Please select specify | **Storage Condition**Please select specify |
| **Sample #** | **Sample id** | **Sample Type** | **Analysis to be performed** | **Specifications** |
| **1** | fill | fill | fill | fill |
| **2** | fill | fill | fill | fill |
| **3** | fill | fill | fill | fill |
| **4** | fill | fill | fill | fill |
| **5** | fill | fill | fill | fill |
| **6** | fill | fill | fill | fill |
| **7** | fill | fill | fill | fill |
| **8** | fill | fill | fill | fill |
| **9** | fill | fill | fill | fill |
| **10** | fill | fill | fill | fill |
| **11** | fill | fill | fill | fill |
| **12** | fill | fill | fill | fill |
| **13** | fill | fill | fill | fill |

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| **Sample #** | **Sample id** | **Sample Type** | **Analysis to be performed** | **Specifications** |
| **14** | fill | fill | fill | fill |
| **15** | fill | fill | fill | fill |
| **16** | fill | fill | fill | fill |
| **17** | fill | fill | fill | fill |
| **18** | fill | fill | fill | fill |
| **19** | fill | fill | fill | fill |
| **20** | fill | fill | fill | fill |
| Special instruction:fill | Autorizingsignature |  |
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|  **Completed and signed sample submission form indicates agreement with SPASA PA Laboratory terms and conditions** **and authorizes SPASA PA Laboratory to perform the requested tests. After testing is complete, samples will be placed** **into appropriate storage (e.g., refrigerator, freezer, dry storage) and held for a minimum of 40 days before discarded,** **unless otherwise dictated by the client.**  |

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| **Sample Shipment.** Samples areaccepted by mail or courier to:**Dipartimento Scienze Mediche Veterinarie****Laboratorio SPASA PA****Via Tolara di Sopra 50 – 40064****Ozzano Emilia (BO) ITALY** | **For office use only** |
| Registration ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SPASA PA Laboratory coordinator**Verified and Authorized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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