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| ***Laboratorio Produzioni Animali***  Via Tolara di Sopra, 50  40064 Ozzano dell’Emilia – BO  Phone +39 051 2097360 Fax +39 051 2097373 | | | | | | | **Responsabile Laboratorio**  **Produzioni Animali**  Prof. Alberto Palmonari  [alberto.palmonari2@unibo.it](mailto:alberto.palmonari2@unibo.it)  Phone +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 | | | | | Autorizing  signature |  | |
| |  | | --- | | **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.** | | | | | | | | |
| **Sample Shipment.** Samples are  accepted 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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