

Company Name:			
Contact:			
Postal address:			
Phone No:		Email:	
Order / Job No:			

<b>Site address / details (this is the address from where the samples were collected):</b> (Please use separate sample submission forms for each site)	
	As above <input type="checkbox"/>

Total No. samples sent:		CLIENT USE	
Total No. samples received:		OFFICE USE ONLY	
Date samples collected:		Date results required:	

Analysis type: Transmission Electron Microscopy (TEM)									
Sample ID	Sample locations List the individual sample ID's and locations below: (Attach additional pages as required)	Soot	RCF / SMF	Erionite	@ NOA	@ Water	@ Wipe	@ Bulk	@ Filter
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

@ = Asbestos

<b>Additional comments:</b>

PLEASE SEND SAMPLES TO:  
**COHLABS TEM**

PO Box 635  
Coorparoo, QLD 4151

Or

Suite 2, 92 Cleveland Street  
Greenslopes, QLD 4120

Tel: (07) 3015 7555

Email: [admin@cohlabstem.com.au](mailto:admin@cohlabstem.com.au)

OFFICE USE ONLY		
Job No.		
Date Samples Received:		
Samples Checked by:		
Paid <input type="checkbox"/>	Send invoice <input type="checkbox"/>	CASH / POS:
Amount:		Rate per sample:
Verbal required <input type="checkbox"/>		Payment required <input type="checkbox"/>

**Note:** It is recommended that you photocopy this form and retain for your records