

**QUALITY PLUS LABORATORY AND CONSULTANCY SERVICES LIMITED,P.O BOX 473-00202
NAIROBI, KENYA**



**SAMPLE SUBMISSION
FORM**

| | |
|---------------------------|-------------------|
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SAMPLING DATE:_____

CLIENT NAME:_____ **REGION:**_____

CONTACT PERSON:_____ **DESIGNATION:**_____

CELL NO:_____ **EMAIL ADDRESS:**_____

| NO. | SAMPLE DESCRIPTION | SAMPLE TYPE | TESTS REQUIRED |
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SAMPLED BY:_____ **RECEIVED BY:** _____

DESIGNATION:_____ **DESIGNATION:**_____

SIGN:_____ **TEMP.:** _____ **TIME:** _____

SIGN: _____:

ISSUED AND APPROVED BY

QUALITY MANAGER