QUALITY PLUS LABORATORY AND CONSULTANCY SERVICES LIMITED,P.O BOX 473-00202 NAIROBI, KENYA			
	SAMPLE SUBMISSION FORM	IDENTIFICATION NO.	Q+/F045
		DATE OF ISSUE	31-03-2010
		REVISION NO.	05
		REVISION DATE	03-03-2025
		PAGE NO	1 of 1

SAMPLING DATE: _____

CUSTOMER NAME:_____ **ADDRESS:** _____

CONTACT PERSON:_____ **DESIGNATION:** _____

TEL. NO:_____ **EMAIL ADDRESS:**_____

NO.	SAMPLE DESCRIPTION	TIME SAMPLED	SAMPLE TYPE	TESTS REQUIRED

SUBMITED BY:_____ **RECEIVED BY:**_____

DATE SUBMITED:_____ **TIME OF RECEIPT:**_____

SIGNATURE:_____ **TEMP OF RECEIPT:**_____

CONDITION OF RECEIPT: OK ☐ **NOT OK** ☐

If not OK Describe: _____

_____

_____

_____

This sample submission form accompanying samples is considered a binding contract.

ISSUED AND APPROVED BY	QUALITY MANAGER