



# LABORATORY QUALITY MANAGEMENT SYSTEM

## Q FORM ANALYSIS SELECTION SHEET (LET)

DOC: FOR-QFORM-12

AUTHOR:  
QA MANAGER

APPROVED:  
LAB LEAD

EFF. DATE:  
14 JAN 2020

REV: 12

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**CONTROLLED COPY**

### OFFICE USE

21Q(L)	NAME:		START TIME:		REPORT DATE:		INVOICE NO.:	
			END TIME:				SALES ORDER NO.:	
SAMPLING DONE BY:	CLIENT NAME:		PAYMENT TYPE (mark with an "X"):	ACCOUNT:	CASH:		PO NO.:	
	QMS EMP NAME:						RECEIPT NO.:	

TYPE OF ANALYSIS (mark with an "X"):    IN-HOUSE:                                        SUBCONTRACTING:                   

### CLIENT USE

#### OWNER INFORMATION

NAME OF INSTITUTION/ OWNER:		TEL/ CELL:	
POSTAL ADDRESS:		E-MAIL:	
		ORDER NO.:	

#### SENDER INFORMATION

NAME OF INSTITUTION/ SENDER:		TEL/ CELL:	
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#### SAMPLE INFORMATION

QUANTITY OF SAMPLES:		SUBMISSION METHOD (mark with an "X"):	Hand	Courier	Other
DATE OF SAMPLING:		DATE SAMPLES SUBMITTED:			
TYPE OF SAMPLE(S)/ CROP:		SYMPTOMS OF SAMPLE(S):			
PERSON SUBMITTING SAMPLE(S):		<b><u>SIGNATURE:</u></b>			

### FOR LAB USE

#### SAMPLE SCHEDULE

DATE SAMPLE RECEIVED:		TIME SAMPLE RECEIVED:	
SAMPLE RECEIVED BY:		SIGNATURE:	
LAB TECH 1/ PROCESSOR:		TIME PROC. STARTED:	
LAB TECH 2/ EVALUATOR:		TIME EVAL. ENDED:	

#### ADDITIONAL INFORMATION

PROCESS DATE	PROCESS	PROCESSOR
PHOTO NAME	PHOTO DATE	



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#### ANALYSIS REQUEST

FOOD AND WATER MICROBIOLOGY			
MBA	MICRO-AIR SAMPLES		
MBS/5	MICRO-COLIFORM, <i>E. COLI</i> & BACTERIA /SURFACE		
MBH/5	MICRO-COLIFORM, <i>E. COLI</i> & BACTERIAL /HAND		
MBF/5	MICRO-FOOD /SAMPLE		
MBW/5	MICRO WATER		
	Drinking	Ground	Surface
MBWS	MICRO – SAMPLE TAKEN BY QMS		

PLANT DISEASE IDENTIFICATION					
CBCS	CBS DISC COUNTS				
DIDK	KIM COUNTS				
CBSID	CBS IDENTIFICATION & ISOLATION				
CBSIDR	CBS IDENTIFICATION, ISOLATION & RESISTANCE				
CBSIDV	CBS VISUAL IDENTIFICATION				
PATHF	FUSARIUM BAITING				
DID	DISEASE IDENTIFICATION (+ invoice 1x DID)				
	Soil	Root	Stem	Leaf	Fruit
DIDB					
DIDF					

CHEMICAL ANALYSES (EASY-KIT)				
	Swab	Water	Fruit	Wax
EKAOPP				
EKAIMAZ				
EKAPIRI				

DNA ANALYSES	
DCBGD /10	QPCR CBS IDENTIFICATION
DSALID /10	QPCR SALMONELLA SPP. DETECTION
DLISID /10	QPCR LISTERIA MONOCYTOGENES DETECTION
DASVD /10	QPCR AVOCADO SUN BLOTCH VIRUS DETECTION

PHYTOPHTHORA AND PYTHIUM ANALYSES		
CITRUS NURSERIES		
NSPP	PHYTOPHTHORA & PYTHIUM – CITRUS SEEDLINGS	
NSBPP1	PHYTOPHTHORA & PYTHIUM – CITRUS SOIL BAITING	
NWBPP1	PHYTOPHTHORA & PYTHIUM – CITRUS WATER BAITING	
PSTXVT	SEEDLING PST & XV TEST	
NHF	NURSERY – SAMPLE TAKEN BY QMS	
OTHER		
PPS	PHYTOPHTHORA & PYTHIUM – SEEDLINGS/PLANT	
PATHS	PHYTOPHTHORA & PYTHIUM - SOIL BAITING	
PATHW	PHYTOPHTHORA & PYTHIUM - WATER BAITING	

GENERAL PLANT OR SOIL ANALYSES		
SPD	SERIAL DILUTION - PLANT	
SHT	SERIAL DILUTION - SOIL	
PHGM	pH OF GROWTH MEDIUM (CaCt METHOD)	
WPP	WATER PHYSICAL PROPERTIES	
IQ	CITRUS INTERNAL FRUIT QUALITY TEST	
PP	PENICILLIUM IMAZALIL RESISTANCE SCREENING	

NEMATODE ANALYSES		
CN	NEMATODES - CITRUS	
NCR	NEMATODES - ROOTS	
NCS	NEMATODES - SOIL	
NCRS	NEMATODES - ROOTS & SOIL	
NNP	NEMATODES, PHYTOPHTHORA & PYTHIUM	

COMMENTS		

#### AGREEMENT BY CLIENT

By undersigning this clause, the following applies:

1. I agree to, and fully understand the above mentioned required analysis as requested by myself.
2. I agree to the terms and conditions (FOR-CONTR) of the laboratory and should I require a copy of this document, it will be at my individual request.
3. I agree to that in the unlikely event of the laboratory not being able to perform the requested analysis due to unforeseen reasons, I hereby give permission for the submission of the samples to an approved sub-contractor as stipulated in the laboratory's approved sub-contractor list. In the case that I wish to appoint my own sub-contractor, I shall stipulate the name of the sub-contractor to whom I wish the samples to be submitted, and by undersigning this clause, I take full responsibility for the analytical results of such sub-contractor.
4. I agree that I have been made aware of the fact that the samples that I have submitted are not suitable for analysis as explained to me by the Technical Signatory, and that I still require analysis thereof, irrespective of the outcome of the analytical results (This agreement is only applicable in cases in which the samples are not suitable for analysis on recommendation of the Technical Signatory).

Subcontracting – Telephonic/ E-mail Authorization		Subcontracting	
Personnel who made the call/Email:		Name of client:	
Date of call/Email:		Name of preferred subcontractor:	
Individual giving authorization for subcontracting:		Date:	

**CLIENT SIGNATURE:**