

Total Quality Assurance Pty Ltd

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Wine Grape Test Request Form

Collection Date : Thursday

Charge To Company Name :

Postal Address :

Contact Name :

Please send completed form by fax or email no later than Tuesday for Thursday collection and despatch to Laboratories.

Telephone : Fax :

Email :

Courier Deliveries to - TQAS Office c/- Odeum Produce Pty Ltd, 34 Catalano Road, Canning Vale W.A. 6155

Vineyard Name :	.....			Tests Required (Please Tick) :		
Vineyard Address :	.....			MRL (Chemical Residue)		
	<u>Variety</u>	<u>Block Identification</u>	<u>Grower Ref / Lot</u>	<u>AT2</u>	<u>AT3</u>	<u>AT4</u>
Test Item Details :			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vineyard Name :	.....			Tests Required (Please Tick) :		
Vineyard Address :	.....			MRL (Chemical Residue)		
	<u>Variety</u>	<u>Block Identification</u>	<u>Grower Ref / Lot</u>	<u>AT2</u>	<u>AT3</u>	<u>AT4</u>
Test Item Details :			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vineyard Name :			Tests Required (Please Tick) :		
Vineyard Address :			MRL (Chemical Residue)		
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Test Item Details :			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vineyard Name :			Tests Required (Please Tick) :		
Vineyard Address :			MRL (Chemical Residue)		
	<u>Variety</u>	<u>Block Identification</u>	<u>Grower Ref / Lot</u>	<u>AT2</u>	<u>AT3</u>	<u>AT4</u>
Test Item Details :			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vineyard Name :	.....			Tests Required (Please Tick) :		
Vineyard Address :	.....			MRL (Chemical Residue)		
	<u>Variety</u>	<u>Block Identification</u>	<u>Grower Ref / Lot</u>	<u>AT2</u>	<u>AT3</u>	<u>AT4</u>
Test Item Details :			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test Legend

MRLTests	
	AT2 - Organophosphates and Organochlorides ; AT3 - Full Residue Analysis ; AT4 - Dithiocarbamates ; AT5 - Extended Screen ; AT6 - Extended Screen and Dithiocarbamates ; AT7= AT3 plus AT5.