

Samples consent form

Service Code:

- **Client name:**..... **Phone:**
- **Organization name:** **Email:**.....
- **Samples identification codes: please fill the table below.**

If any of the SAMPLE, I have provided for analysis is unused or leftover when the analysis is completed (Tick **one** choice from each of the following boxes)

- I wish the remaining samples to be returned.

- I give permission for my sample to be stored and used indefinitely (inform you & acknowledge you)

Sample identification list:

#	Sample ID	Mode (+ve / -ve)	Identification (sample nature)	Volume	Description (extraction solvent)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Additional Comments:

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The above informations are correct. I have had the opportunity to ask questions about it and my questions have been answered to my satisfaction. I consent voluntarily to have my samples stored in the manner and for the purpose indicated above. I confirm that I has given the consent freely.

Name:

Date:.....

Signature:

Note:

After date of delivery, the sample backup will be deleted TWO WEEKS later

Received by:

Date:

Signature: