



UNIVERSITÀ
CATTOLICA
del Sacro Cuore

SAMPLE SUBMISSION and ORDER FORM

Laboratorio Analisi Fitosanitarie "*Piante-Alimenti-Ambiente*"

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FOR LAB ONLY				SUBMITTED INFORMATION							
DATE RECEIVED				NAME				POSTAL CODE			
DATE REGISTRATION				COMPANY				VAT NUMBER			
MAIL	COURIER	WALK IN		ADDRESS				PHONE N°			
SPECIMEN NUMBER				CITY				EMAIL			
				FOR LAB ONLY							
SAMPLE COLLECTION DATE	BOTANICAL SPECIES	VARIETY	LOT NUMBER	SEEDS NUMBER	OTHER	TESTS REQUEST	Code		Compliant		MD 0XXX
							Temporary	final	SI	NO	REV. N° del
											pag. 1 / 1
SIGNATURE FOR COMPANY				SIGNATURE FOR LAB							