PathWest
LABORATORY MEDICINE WA

Vitamin Assay Laboratory
Environmental Microbiological Unit
Second Floor, J Block
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ABN: 83 469 340 804

VITAMIN ASSAY LABORATORY
REQUEST FORM

NATA ACCREDITED FOR TECHNICAL COMPETENCE
Corporate Accreditation No. 2392
NATA Accreditation No. 2851

Company Name:

Address:

Contact Name: Contact Phone:

Contact Email:

Date Sampled: Signed:

Purchase Order Number:

Tests Required (please tick)

- ☐ Total Folate
- ☐ Folic Acid
- ☐ Cobalamin
- ☐ Thiamin
- ☐ Other _____

Quarantine Permit Number

Additional Sample Comments:

Specify Tests Required:

Laboratory Use Only	Sender's Number	Sample Description	Date of Manufacture	Use by Date	Approx Expected Value	Temp (°C)

Date and Time Received: By: Temperature: Report Type: Authorised By: Date: Emailed: