

WANT TO SAVE MONEY?!

- Complete this form on your phone or PC
- Scan this QR code or visit www.microbelabs.com.au/order-form-general



HELLO

Who's submitting the samples?

*Required answer

First name*	<input type="text"/>	Please sign*	<input type="text"/>
Last name*	<input type="text"/>		
Business name	<input type="text"/>		
Street address/PO Box*	<input type="text"/>		← Not required if you're an existing customer and these details have not changed
Town/City/Locality*	<input type="text"/>		
State*	<input type="text"/>		
Post Code*	<input type="text"/>		
Phone number*	<input type="text"/>		
Email address*	<input type="text"/>		←
Purchase order	<input type="text"/>	Promo Code	<input type="text"/>
Microbe Labs Agent	<input type="text"/>		
Consultant	<input type="text"/>		
Email address for reports*	<input type="text"/>		One per order

Who's paying?

Same as above? (✓) If yes, you don't need to complete the below

First name*	<input type="text"/>	*Required answer
Last name*	<input type="text"/>	
Business name*	<input type="text"/>	
Street address/PO Box*	<input type="text"/>	
Town/City/Locality*	<input type="text"/>	
State*	<input type="text"/>	
Post Code*	<input type="text"/>	
Phone number*	<input type="text"/>	
Email address*	<input type="text"/>	

*This person/business has agreed to pay for this order (✓) An administration charge applies to 3rd party billing
The signatory above is legally responsible for payment

Please refer to our Terms & Conditions of Sale available at www.microbelabs.com.au or on request

Instructions: Form MUST be emailed to avoid admin fee ->

- **Complete** Hello page
- **Complete** Sample summaries
- **Complete** Sample details (optional)
- **Email** PDF to info@microbelabs.com.au (optional)
- **Place** all completed pages with samples
- **Post** to: PO Box 230 MELROSE PARK DC SA 5039, **or**
- **Courier** to: 1/7 Adelaide Tce ST MARYS SA 5042

ML	I	C
Prepay	Paid	
Received date		
Order no.		
Sample no's & test codes		



GENERAL ORDER FORM

Laboratory use
Entered

SAMPLE SUMMARIES (copy & print more as you need)

*Required answer

Form no	Sample no.*	Client name		Sample name*	Sample postcode	Date sampled*	Sample material*	Crop or type	* Test code(s) (see Price List)			Laboratory use
		First (blank if company)	Last OR Company*						1*	2	3	
1												
2												
3												
4												
5												

Comments

Form no. 1	Form no. 2	Form no. 3	Form no. 4	Form no. 5

Laboratory use
Order no.
Other

GENERAL ORDER FORM

Laboratory use
Entered

SAMPLE SUMMARIES (copy & print more as you need)

*Required answer

Form no	Sample no.*	Client name		Sample name*	Sample postcode	Date sampled*	Sample material*	Crop or type	* Test code(s) (see Price List)			Laboratory use
		First (blank if company)	Last OR Company*						1*	2	3	
6												
7												
8												
9												
10												

Comments

Form no. 6	Form no. 7	Form no. 8	Form no. 9	Form no. 10

Laboratory use
Order no.
Other

HOW TO COMPLETE THIS FORM

Save money by completing this form on your mobile device or computer.

Scan the QR code on the front page or visit www.microbelabs.com.au/order-form-general. Please note that an administration fee applies to handwritten forms due to the extra administrative work required.

1. Hello page

Who's submitting the samples? Complete the details for the person who is responsible for the samples and have them sign it. This person is legally responsible for the samples and payment, even if payment is to be made by a third party (see Who's paying?). If you're an existing customer and your contact details have not changed you don't need to complete them. If you are working with a Microbe Labs Agent add their name. Always complete the email address to which reports are to be sent.

Who's paying? If it's the same as the person submitting the samples just tick the box, nothing more to do on the Hello page. If someone else is paying (a third party) complete their details. You'll need to obtain permission from them to be invoiced for your order, and tick the box below to confirm that they have agreed. Please note that there is an administration fee for third party invoicing because of the extra administrative work it requires.

2. Sample summaries

This is where you record the basic information about your samples and what tests you would like performed. Record your **sample numbers** (1, 2, 3, etc.) in the Sample no. column. If your samples are for a particular **client**, record their first and last names. If your client is a business, just record this in the Last name column. You don't have to record any client. Record the names of your samples in the **Sample name** column, and the postcode from where they were taken in the **Sample postcode** column. Postcodes are required for quarantine management and must be recorded. Record the **Date sampled** and **Sample material** in their respective columns. **Sample material** categories are: Soil, Root, Compost, Fertiliser and Plant. Enter the **Crop** (for soil or growth media) or **type** of Compost or Fertiliser (for example, Aerobic thermocompost, Static pile compost, Organic fertiliser, Liquid fertiliser, Microbial inoculant, etc.) Enter the **Test codes** for up to 3 tests or test packages that you would like performed on the sample. If you need more than three tests you can record the sample details again on another line and request more tests. However, if you want more than three tests on one sample please check the sampling instructions for the amount of sample material required as there may not be enough in one sample bag. If sending multiple bags for the same sample use a separate line for each bag and indicate this by adding 'Bag 1', 'Bag 2', etc. to the Sample name, and remember to also mark this clearly on the sample bag labels. Record any comments you think might be useful in the **Comments** box, for example, any problems observed, species of microbe to target for the Microbe ID Wise test, conditions at sampling, etc.

If you get stuck, we're just a phone call or email away

08 7127 8982 | info@microbelabs.com.au