

Sample/s Request Form

• **Existing Client Information** (Section only completed for existing clients)

Client Code: (Client Code on Invoice/CoA)	Only For EXISTING Clients
Company Name:	Only For EXISTING Clients
SLA Number: (SLA Contract)	Only For EXISTING Clients With SLA
Specification Number: (Custom Spec.)	Only For EXISTING Clients With SLA Where Applicable

• **New Client Information** (Visit <https://www.nafs.co.za/submit-a-sample> to fill in this section correctly)

Name/Company Contact:	Only For NEW Clients
Company Name:	Only For NEW Clients
Email Address:	Only For NEW Clients
Contact Number:	Only For NEW Clients
Physical Address:	Only For NEW Clients

• **Test Panels** (Visit <https://www.nafs.co.za/routine-test-panels> to fill in this section correctly)

Pharmaceutical	Cannabis	Industrial	Toxicology
<input type="checkbox"/> TM001 pH <input type="checkbox"/> TM002 FTIR Identification <input type="checkbox"/> TM003 GC-MS Identification <input type="checkbox"/> ID <input type="checkbox"/> Purity Assay <input type="checkbox"/> TM003.3 Solvents Class 3 <input type="checkbox"/> TM003.8 Alcohol Assay <input type="checkbox"/> TM005.2 Heavy Metal Residues <input type="checkbox"/> TM006 HPLC Purity Assay <input type="checkbox"/> TM006.6 UV Identification <input type="checkbox"/> TM007 Density <input type="checkbox"/> TM008.1 Loss on Drying	<input type="checkbox"/> TM002 FTIR Identification <input type="checkbox"/> TM003.10 Residual Solvent Mix <input type="checkbox"/> TM003.5 Terpene Assay <input type="checkbox"/> TM005.2 Heavy Metal Residues <input type="checkbox"/> TM006.3 Cannabinoid Assay <input type="checkbox"/> %Weight <input type="checkbox"/> mg/mL <input type="checkbox"/> TM006.4 Isolate Purity Assay <input type="checkbox"/> TM006.6 UV Identification <input type="checkbox"/> TM008.1 Loss on Drying <input type="checkbox"/> TM008.2 Herbal Foreign Matter	<input type="checkbox"/> TM001 pH <input type="checkbox"/> TM002 FTIR Identification <input type="checkbox"/> TM003 GC-MS Screen Compounds <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> TM003.8 Alcohol Assay <input type="checkbox"/> TM007 Density	<input type="checkbox"/> TM001 pH <input type="checkbox"/> TM002 FTIR Identification <input type="checkbox"/> TM003 GC-MS Screen Compounds <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> TM005.2 Heavy Metal Residues <input type="checkbox"/> TM007 Density <input type="checkbox"/> TM008.1 Loss on Drying

• **Sample Information** (Visit <https://www.nafs.co.za/submit-a-sample> to fill in this section correctly)

Sample 1 Description.	Sample 1			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 2 Description.	Sample 2			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 3 Description.	Sample 3			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			

Client Signature:

Receiver Signature

Date:

Date/Time:

*By signing this document, you agree to NAFS's terms and conditions as set out in "SH001 ATT3: T's&C's" (www.nafs.co.za)

Sample/s Request Form

Sample 4 Description.	Sample 4			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 5 Description.	Sample 5			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 6 Description.	Sample 6			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 7 Description.	Sample 7			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 8 Description.	Sample 8			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 9 Description.	Sample 9			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 10 Description.	Sample 10			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 11 Description.	Sample 11			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 12 Description.	Sample 12			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			
Sample 13 Description.	Sample 13			
Batch/Lot Number			Sample Amount (g)	
Product Intended Use	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Other Please Specify
Lab Sample ID	For NAFS Use Only			

Client Signature:

Receiver Signature

Date:

Date/Time:

*By signing this document, you agree to NAFS's terms and conditions as set out in "SH001 ATT3: T's&C's" (www.nafs.co.za)