

Request form for analysis of failed laboratory samples

SCPHA or their laboratory (as applicable) will dispatch retained portions of samples to the importer's selected laboratory or to LGC when requested. We require the following information in writing:

Agent/Importer to complete all the required information below	
Container / Trailer number:	
Product to be analysed:	
Laboratory selected by importer: Provide the following details <ul style="list-style-type: none"> • Name of laboratory • Address for delivery • Named contact for delivery • Email 	
Type of dispatch required: Options are <ul style="list-style-type: none"> • Same-day delivery • Overnight delivery 	
Do you require additional insurance for the sample delivery?	
Details of the person completing this request: <ul style="list-style-type: none"> • Name • Company name • Address • Email 	
As the person responsible for the load, I confirm that I agree to the 'Defence' sample being dispatched to the above selected laboratory and to pay all the associated costs, including additional insurance if requested.	<i>Sign or print name above (if printing please email this document directly from your company email address)</i>

SCPHA accept no liability for loss or damage of the sample by the courier company.

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