

NATIONAL DEPARTMENT OF HEALTH



NOTIFICATION OF SAMPLE FORWARDED FOR ANALYSIS OR EXAMINATION

TO: FORENSIC CHEMISTRY LABORATORY
271 VISAGIE STREET
PRETORIA
0001

FROM: Contact person:.....
Address:.....
.....
.....

Sample information

The label or a certified copy thereof must be forwarded with the sample!

Province and local authority of origin:.....

Serial number of sample:.....

Date of taking sample:.....

Seal number:

Has the sample been divided?.....

Nature / description of sample:

.....

Name of brand and / or manufacturer:

.....

Name and address of person who actually provided the sample:.....

.....

.....

Remarks: Analysis required (State reason(s) why the sample is submitted for analysis)

.....

.....

.....

Name:..... Date:.....

Tel No.: Fax No.:

Authorization for results/certificates to be faxed - Signature:

Designation:

For office use only

Lab No.:.....

Received:.....

Remarks:

Office stamp