



KMFR I TESTING AND CALIBRATION LABORATORIES

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Sample Submission & Contract Review Form

Customer Name:Address:..... Contact Person:.....

Tel/Mobile:.....Email:..... ☐ Sample Submitted by Client ☐ Sampled & Submitted by KMFR I Labs Staff ☐ Other

SAMPLE DESCRIPTION: <i>(Indicate where applicable)</i>			
No. of Samples:		Sample Size (see below):	
Date/Time Sampled/Submitted:		Sampled/Submitted by:	
Sample(s) Condition/Temp:		Sampling Location:	
Source:		Special Marks Required:	
Cold storage/landing site (s):		Ship/Shore/Other:	
Batch:		Total Quantity Inspected:	
Vessel/Truck:			
Analysis Reporting Requested:	☐ Normal TAT ☐ *Urgent 24Hrs ☐ Other (TAT):		
TEST(S) REQUESTED <i>(List or attach list of test parameters)</i>		INDICATE SPECIFICATIONS REQUIRED ON THE TEST REPORT. <i>(please tick (✓) where applicable below)</i>	
		☐ Regulatory specifications required-KEBS/NEMA /EAS/CODEX/ EU	
		☐ Customer specifications <i>(Please attach)</i>	
		☐ Customer standing instructions <i>(State contract ref.)</i>	
		☐ Only test results required –No specifications!	
		☐ Other <i>(Specify)</i>	
		INDICATE TEST METHODS REQUIRED (IF KNOWN) <i>(please tick (✓) where applicable below)</i>	
		☐ AOAC	☐ GAFTA
		☐ AOCS	☐ FAO MANUALS
		☐ ISO/EN	☐ CIPAC
		☐ ASTM	☐ WHO/CODEX
		☐ IP	☐ EAS
		☐ EPA	☐ KS
		☐ APHA	☐ Other Combination

FOR KMFR I LABS OFFICIAL USE ONLY	
No. of Samples Received:	
Date & Time Received:	
Sample Condition at Receipt:	
Sample Size Received. Adequate?	☐ YES ☐ NO
Lab's Capability for Required Tests:	☐ YES ☐ PARTIAL ☐ NO
Subcontracting Required:	☐ NO ☐ YES
Client's Consent to Subcontract:	☐ YES ☐ NO
Expected Date of Tests Completion:	
TESTING FEES/QUOTE ACCEPTED BY CLIENT?[EMAIL OR PURCHASE ORDER]	☐ YES ☐ NO
Client Category	☐ Small ☐ Medium ☐ Large
Internal Customer Job No/Dept:	
KMFR I LAB LIMS Ref. No:	
Lab/Analyst 1 Assigned to Job	
Lab/Analyst 2 Assigned to Job	
Lab/Analyst 3 Assigned to Job	
IS STATEMENT OF CONFORMITY OR/AND DECISION RULE APPLICABLE ☐ YES ☐ NO	
If YES, state:	
LABORATORY REMARKS	

Authorized Client's Signature:.....Date:..... Time:.....

Authorized Lab Officer /Signature:.....Date:.....Time:.....

IMPORTANT NOTICE !!!_BELOW ARE MINIMUM SAMPLE SIZES REQUIRED FOR LABORATORY ANALYSIS. SMALLER SAMPLE SIZE MAY DELAY ANALYSIS PROCESS.

(1) Water/Waste Water - 2X1litre (in duplicate) (2) Fish fillets - 2X500g (in duplicate) (3) Fish processing hygiene swabs – (100g); (4) Soil Samples - 2X250g (in duplicate) (5) Fish – 2 to 3 whole fish