

GROWER REQUEST FORM

The Residue and Microbial Test
Program for Australia's Fresh Produce Industry

Phone: 03 9408 6627
Fax: 03 8401 3690
Email: alysha@freshstate.com.au

BUSINESS NAME: _____

ADDRESS: _____

Suburb

State

Postcode

PHONE: _____ FAX: _____

EMAIL: _____

OFFICE USE ONLY

SAMPLE 1

Product Type: _____ Variety: _____

Test Required: C3 C4 C5 C6

Test Required: HM1 HM2 HM6 HM10

Test Required: M1 M2 M2C M3 M5 M9 M11 M23 M24

Test Required: DM

Comments/Other Test: _____

Batch #

SAMPLE 2

Product Type: _____ Variety: _____

Test Required: C3 C4 C5 C6

Test Required: HM1 HM2 HM6 HM10

Test Required: M1 M2 M2C M3 M5 M9 M11 M23 M24

Test Required: DM

Comments/Other Test: _____

SAMPLE 3

Product Type: _____ Variety: _____

Test Required: C3 C4 C5 C6

Test Required: HM1 HM2 HM6 HM10

Test Required: M1 M2 M2C M3 M5 M9 M11 M23 M24

Test Required: DM

Comments/Other Test: _____

SIGNED: (Authorised representative) _____ DATE: _____

NAME: (Please print name) _____

Please note the following:

- The request form should be faxed back to Fresh State Ltd office at least 2 days prior to the collection day to (03) 8401 3690 or email alysha@freshstate.com.au
- Samples should be addressed to Fresh State Ltd., Store 36 Melbourne Market, 35 Produce Drive, Epping, VIC, 3076 – Ph: (03) 9408 6627
- On testing days samples are dispatched by 10:00am. Any product received after this time cannot be included and will be placed in refrigerated storage until the next collection day. If you are sending product through the post please make sure that it will be delivered to Fresh State Ltd. the day before the collection day to ensure that you do not miss the cut off
- For each test requested, approximately 1kg of product is required
- Payment is required prior to test commencement

EFT: BSB Number: 083-144
Account Number: 87140-5919

Credit Card: Please phone (03) 9408 6627
Note a 2.2% surcharge applies