



# LABORATORY QUALITY MANAGEMENT SYSTEM

## Q FORM SAMPLE SUBMISSION FORM (KWD)

<b>DOC: FOR-QFORM-18</b>	<b>AUTHOR:</b> RESEARCH TECHNICIAN	<b>REVISED BY:</b> QUALITY CONTROLLER / LAB LEAD	<b>APPROVED:</b> TECHNICAL MANAGER	<b>EFF. DATE:</b> 01 MARCH 2023	<b>REV: 18</b>	<b>PAGE</b> Page 1 of 3
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### OFFICE USE

23Q(K)	REFER TO Q-NUMBER:	REPORT WRITER	START TIME:	END TIME:	REPORT DATE
SAMPLING DONE BY:	CLIENT NAME:	PAYMENT TYPE:	ACCOUNT:	CASH/CARD/EFT:	QTET NR.:
QTY OF SAMPLES TO BE PROCESSED:	IN-HOUSE:	OUTSOURCING:	STATEMENT OF CONFORMITY REQUESTED:		
CAPABILITY AND RESOURCES AVAILABLE:	YES	NO	DECISION RULE COMMUNICATED TO CLIENT:		YES NO

### CLIENT USE

#### CLIENT / SENDER INFORMATION

NAME OF CLIENT / COMPANY:			
POSTAL ADDRESS:	TEL/CELL:		
ORDER NO.:	E-MAIL FOR RESULTS:		
NAME OF SENDER:	E-MAIL FOR INVOICE:		
PERSON SUBMITTING SAMPLE(S):	SENDER TEL/E-MAIL:		
	SIGNATURE:		

#### SAMPLE INFORMATION

QUANTITY OF SAMPLES:	SUBMISSION METHOD:	Hand	Courier	Other
DATE OF SAMPLING:	DATE SAMPLES SUBMITTED:			
TIME OF SAMPLING:	TIME SAMPLES SUBMITTED:			
TYPE OF SAMPLE(S)/ CROP:	SYMPTOMS OF SAMPLE(S):			

### FOR LAB USE

#### SAMPLE SCHEDULE

DATE SAMPLE RECEIVED:	TIME SAMPLE RECEIVED:	SIGNATURE:	
SAMPLE RECEIVED BY:	DATE AND TIME PROC. STARTED:	DATE AND TIME EVAL. ENDED:	
LAB TECH 1/ PROCESSOR:	QTY OF SAMPLES PROCESSED:	QTY OF TESTS DONE:	

#### ADDITIONAL INFORMATION

PROCESS DATE	PROCESS	PROCESSOR

#### PHOTO NAME


Laboratory Check:



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TECHNICIAN

REVISED BY:  
QUALITY  
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### ANALYSIS REQUEST

#### PLANT DISEASE IDENTIFICATION

CODE	TEST DESCRIPTION	METHOD	QTY
CBSC	CBS DISC COUNTS	SOP-DOCBS	
KCDI	KIM COUNTS	SOP-DOCBS	
CBSI	CBS ISOLATION & IDENTIFICATION		
CBSR	CBS ISOLATION & BENOMYL RESISTANCE		
FBDI	FUSARIUM BAITING		
NPSTX	<i>P. SYRINGAE</i> & <i>XANTHOMONAS</i>	SOP-DIDOP	
	ISOLATION		
	FRUIT		
	LEAF		
	STEM		
	ROOT		
	OTHER		
DIB	BACTERIA	SOP-DIDOP	
DIF	FUNGI		
	SERIAL DILUTION		
	SOIL		
	WATER		
	OTHER		
SD	FUNGI & BACTERIA	SOP-DIDOP	
DIVE	DISEASE IDENTIFICATION – VISUAL EVALUATION		
DIRF <sup>1</sup>	DISEASE IDENTIFICATION-RESEARCH FEE	NA	

<sup>1</sup> Please note a once-off research fee is included with all disease identification, isolations and serial dilution analysis.

#### PHYTOPHTHORA AND PYTHIUM ANALYSES

CODE	TEST DESCRIPTION	METHOD	QTY
	PHYTOPHTHORA & PYTHIUM		
	PLANT		
	MEDIUM/SOIL		
	WATER		
NPP	CITRUS NURSERY	SOP-ISPLL; SOP-ISPSB & SOP-ISPSB	
PP	OTHER	SOP-ISPSB	

#### NEMATODE ANALYSES

CODE	TEST DESCRIPTION	METHOD	QTY
NEMC	NEMATODES – CITRUS	SOP-ISNCC	
NEMR	NEMATODES – ROOTS	SOP-ISNCC	
NEMS	NEMATODES – SOIL	SOP-ISNCC	
NEMRS	NEMATODES – ROOTS & SOIL	SOP-ISNCC	

#### MOLECULAR DIAGNOSTICS

CODE	TEST DESCRIPTION	METHOD	QTY
DASVD49	QPCR AVOCADO SUNBLOTCH VIROID (1-49)	SOP-AVOSB	
DASVD100	QPCR AVOCADO SUNBLOTCH VIROID (50-100)	SOP-AVOSB	
DASVD101	QPCR AVOCADO SUNBLOTCH VIROID (>100)	SOP-AVOSB	
DASVDR	QPCR AVOCADO SUNBLOTCH VIROID - RETEST	SOP-AVOSB	
DCBS	QPCR CBS IDENTIFICATION	SOP-GCITD	
DLMD	QPCR <i>L. MONOCYTOGENES</i> QUALITATIVE	SOP-LISTD	
DSAD	QPCR <i>S. AUREUS</i> QUALITATIVE		
DSSD	QPCR <i>SALMONELLA</i> SPP. QUALITATIVE	SOP-SALMD	

#### HYGIENE MONITORING

CODE	TEST DESCRIPTION	METHOD	QTY
	COLIFORM, <i>E. COLI</i> & HPC		
	DRINKING		
	GROUND		
	SURFACE		
MBW	WATER (≤5)	SOP-WATRM	
MBW5	WATER (>5)		
MBA	AIR SAMPLES – FUNGI, YEAST & BACTERIA	SOP-SPCMA	
SMB	SURFACE SWABS – FUNGI, YEAST & BACTERIA	SOP-SPCMA	
MBS	COLIFORM, <i>E. COLI</i> & HPC-SURFACE (≤5)	SOP-HANDM	
MBS5	COLIFORM, <i>E. COLI</i> & HPC-SURFACE (>5)	SOP-HANDM	
MBH	COLIFORM, <i>E. COLI</i> & HPC-HAND (≤5)	SOP-HANDM	
MBH5	COLIFORM, <i>E. COLI</i> & HPC-HAND (>5)	SOP-HANDM	
MBF	FOOD MICROBIOLOGY (≤5)	SOP-FOODM	
MBF5	FOOD MICROBIOLOGY (>5)	SOP-FOODM	

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### OTHER ANALYSES

CODE	TEST DESCRIPTION	METHOD	QTY
PHGM	pH OF GROWTH MEDIUM (CALCIUM CHLORIDE METHOD)	SOP-MPHSM	
WPH	pH - WATER	SOP-OBPH1	
WORP	ORP – WATER	SOP-OBPH1	
WTDS	EC/TDS - WATER	SOP-OHECM	
CIQP	JUICE PERCENTAGE – INTERNAL FRUIT QUALITY	SOP-IQOCF	
CIQT <sup>2</sup>	TSS & ACID PERCENTAGE - INTERNAL FRUIT QUALITY	SOP-IQOCF	
PIRS	PENICILLIUM IMAZALIL RESISTANCE SCREENING	SOP-SPCMA	
NPPQ	SAMPLING BY QMS	SOP-WSAMP, SOP-SAMPL, SOP-SAPSS, SOP-HSAMP & SOP-SAMPL	

<sup>2</sup>Please note if fruit is submitted then JUICE PERCENTAGE (code CIQP) will need to be performed

### OUTSOURCING

SUPPLIER	SAMPLE DESCRIPTION	TEST DESCRIPTION	QTY

### COMMENTS /COMMUNICATION WITH CLIENT


### AGREEMENT BY CLIENT

By undersigning this clause, the following applies:

- I agree to, and fully understand the above-mentioned required analysis as requested by myself.
- I agree to the terms and conditions (FOR-CONTR) of the laboratory, and should I require a copy of this document, it will be at my individual request.
- I agree to that in the unlikely event of the laboratory not being able to perform the requested analysis due to unforeseen reasons, I hereby give permission for the submission of the samples to an approved sub-contractor as stipulated in the laboratory's approved sub-contractor list. In the case that I wish to appoint my own sub-contractor, I shall stipulate the name of the sub-contractor to whom I wish the samples to be submitted, and by undersigning this clause, I take full responsibility for the analytical results of such sub-contractor.
- I agree that I have been made aware of the fact that the samples that I have submitted are not suitable for analysis as explained to me by the Technical Signatory, and that I still require analysis thereof, irrespective of the outcome of the analytical results (**This agreement is only applicable in cases in which the samples are not suitable for analysis on recommendation of the Technical Signatory**).

Client signature:

Date signed:

### FOR SUBCONTRACTING

Subcontracting Authorization (telephonic/email/in-person)		Personnel requesting authorisation:	
Date authorisation requested:		Subcontracting (yes/no):	
Client:		Preferred subcontractor	
Individual giving authorization for subcontracting:		Date authorisation given	

Laboratory Check: