



LABORATORY QUALITY MANAGEMENT SYSTEM

Q FORM SAMPLE SUBMISSION FORM (WC)

DOC: FOR-QFORM-18

AUTHOR:
RESEARCH
TECHNICIAN

REVISED BY:
QUALITY
CONTROLLER / LAB
LEAD

APPROVED:
TECHNICAL
MANAGER

EFF. DATE:
01 MARCH
2023

REV: 18

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OFFICE USE

23Q(W)	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:			
CAPABILITY AND RESOURCES AVAILABLE:	YES	NO	STATEMENT OF CONFORMITY REQUESTED:		YES
			DECISION RULE COMMUNICATED TO CLIENT:		NO

CLIENT USE

CLIENT / SENDER INFORMATION

NAME OF CLIENT / COMPANY:			
POSTAL ADDRESS:	TEL/CELL:		
	E-MAIL FOR RESULTS:		
ORDER NO.:	E-MAIL FOR INVOICE:		
NAME OF SENDER:	SENDER TEL/E-MAIL:		
PERSON SUBMITTING SAMPLE(S):	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:		
SAMPLE RECEIVED BY:	SIGNATURE:		
LAB TECH 1/ PROCESSOR:	DATE AND TIME PROC. STARTED:		
LAB TECH 2/ EVALUATOR:	DATE AND TIME EVAL. ENDED:		
QTY OF SAMPLES PROCESSED:	QTY OF TESTS DONE:		

ADDITIONAL INFORMATION

PROCESS DATE	PROCESS	PROCESSOR

PHOTO NAME

Laboratory Check:

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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	P. SYRINGAE & XANTHOMONAS					SOP-DIDOP	
	ISOLATION	FRUIT	LEAF	STEM	ROOT	OTHER	
DIB	BACTERIA					SOP-DIDOP	
DIF	FUNGI						
	SERIAL DILUTION	SOIL	WATER	OTHER		SOP-DIDOP	
SD	FUNGI & BACTERIA						
DIVE	DISEASE IDENTIFICATION – VISUAL EVALUATION						
DIRF ¹	DISEASE IDENTIFICATION-RESEARCH FEE					NA	

¹ 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	SOP-ISPLL; SOP-ISPSB & SOP-ISPSB	
NPP	CITRUS NURSERY					
PP	OTHER					

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 L. MONOCYTOGENES QUALITATIVE				SOP-LISTD	
DSAD	QPCR S. AUREUS QUALITATIVE					
DSSD	QPCR SALMONELLA SPP. QUALITATIVE				SOP-SALMD	

HYGIENE MONITORING

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

Laboratory Check:



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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 ²	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	

²Please 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:

1. I agree to, and fully understand the above-mentioned required analysis as requested by myself.
2. 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.
3. 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.
4. 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:	
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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: