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FAECAL NIRS - ANALYSIS REQUEST FORM

Date: _____

Send Report to Attention of: _____

Company Name: _____

Address: _____

Tel: _____

Fax: _____

PAYMENT METHOD: If paying by Credit Card please fax to (07) 3219 0333

Please debit my Credit Card:

Cheque
 MasterCard
 Bankcard
 Visa

Name on Card: _____

Card Number: _____ / _____ / _____

Card Expiry Date: _____ / _____

Total Amount: _____

Signature: _____

Date: _____

TESTS REQUIRED

**SAMPLE
DESCRIPTION/IDENTIFIER**

NIRS Faecal

ES045.1

Faecal Analysis by NIR

Phosphorus

**Price per
Sample**

**(inclusive
of GST)**

\$60.50

\$27.50

Authorized Person (Print): _____

Sign: _____

This document needs to accompany the samples. Please read attached instructions on how to prepare and submit the faecal sample.