

## Agricultural Products Analytical Laboratory

## Crop Sample Receiving Form for Laboratory Analysis

APAL-P

Date: .....

1. Application Form No : .....
2. Description of the consignment/ lot : .....
3. Description of sample : .....
4. Name of company and address : .....  
.....
5. Origin of the sample : .....
6. Date of sampling : .....
7. Place of sampling : .....
8. Weight/ Quantity: .....
9. Remarks of the sampling officer : .....
10. Known pesticide treatments : .....

Name of Pesticide	Date of Application	Dosage
.....	.....	.....
.....	.....	.....

## 11. Cost of Analysis

No.	Name of Analysis	Cost(Kyat)	Qty	Total cost(Kyat)
1.	Pesticide Residue			

Sampling Officer

Owner of the sample

Signature : .....

Signature: .....

Name: .....

Name:.....

Address/Ph.No .....

Address/Ph.No: .....