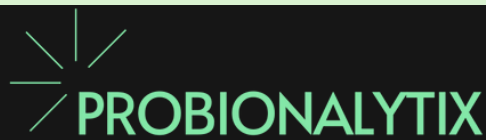




PROBIONALYTIX LABS PROBIOTIC SAMPLE REQUEST FORM

Field	Details to Fill
Client Information	
Client Name	
Company/Institution Name	
Email Address	
Phone Number	
Address	
<p align="center">Sample Information</p> <p align="center"><i>A quote will be sent to you based on the details provided. Complete this form and return to info@probionalytix.com.au</i></p>	
Sample IDs/Codes	
Sample Description	(e.g., strain type, formulation details, packaging format, Specifications)
Sample Quantity/Volume	(e.g., number of units, milliliters, grams)
Storage/Handling Requirements	(e.g., refrigeration, specific temperature, light sensitivity)
Frequency of Testing/Analysis (weekly/monthly etc.)	
<p align="center">Service Requested</p> <p align="center"><i>For more details about our services, please visit: https://probionalytix.com.au/</i></p>	
Strain Typing	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Microbiome Profiling	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Strain Maintenance, Banking & Preservation	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Clinical Trials	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Efficacy Analysis	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Antibiotic Resistance Testing	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Probiotic Viability Assessment & Optimization Solutions	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Environmental Monitoring	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Probiotics Mechanism of Action Testing	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Product Challenge Studies	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
[<input type="checkbox"/>] Other (Specify Below)	Yes [<input type="checkbox"/>] NO [<input type="checkbox"/>]
Additional Comments/Instructions	(e.g., specific test requirements, additional background information on the sample)



Regulatory Compliance Testing or R & D Testing?	
Preferred Reporting Format	
Digital Report	Yes [] NO []
Hard Copy Report	Yes [] NO []

Sample Return/Disposal Instructions

FIELD	DETAILS
RETURN SAMPLE TO CLIENT	[Yes/No]
DISPOSE OF SAMPLE AFTER TESTING	[Yes/No]
RETURN ADDRESS (IF APPLICABLE)	[Insert Return Address if different from above].....
SPECIAL HANDLING INSTRUCTIONS (IF ANY)	[Insert details for return shipping or handling]..... .

Terms and Conditions

- Sample Integrity:** It is the responsibility of the client to ensure that all samples are appropriately packaged and labeled prior to submission. Probionalytix Laboratories is not liable for any damage to samples that occurs during transit.
- Testing Timelines:** Standard testing turnaround times depend on the type of services requested. Expedited services are available at additional cost.
- Testing Results:** Results will be sent via email upon completion of testing. Probionalytix Laboratories cannot guarantee the reproducibility of results for samples with inherent variability or poor quality.
- Payment Terms:** Quote will be sent for approval before project commences. Invoices will be issued and are payable within [3] days of receipt.
- Sample Retention/Disposal:** Samples not requested for return will be retained for 3 - 12 months post-testing, after which they will be discarded unless otherwise specified.
- Limitations of Liability:** Probionalytix Laboratories shall not be held responsible for any losses, damages, or claims arising from the use of the test results provided.
- Confidentiality:** All testing data and reports are confidential and will not be disclosed to third parties without written consent from the client.

Privacy Policy

- Data Collection:** Probionalytix Laboratories collect and store personal and sample-related data solely for the purposes of providing testing services. This data may include names, contact information, sample descriptions, and test results.



2. **Data Use:** The data provided will be used for internal processing and communication with the client. Test results are shared only with authorized individuals designated by the client.
3. **Data Security:** Probionalytix Laboratories take the security of your data seriously. We implement secure data storage and transmission measures to protect client information.
4. **Third-Party Disclosure:** No personal or project data will be shared with third parties without the express permission of the client unless required by law.
5. **Data Retention:** Client and project data will be retained for 7 years in line with regulatory requirements or until a request for deletion is received from the client.
6. **Client Rights:** Clients have the right to access, update, or request deletion of their personal data. Requests can be made in writing to [Insert Contact Information].

Client Authorization

By signing below, the client agrees to the terms and conditions stated above and confirms that all the information provided is accurate.

Client Signature | _____ | Date: _____ | Name _____

Laboratory Use Only

Received By: _____

Date Received: _____

Sample ID(s): _____

Sample Condition: _____ [Good/Damaged] |

Testing Start Date: _____

Testing Completed By: _____

Test Completion Date: _____

Report Sent On: _____