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|  | | **SAMPLE SUBMISSION FORM**  *Please fully complete this form and place ALL documentation together on top of the samples for immediate availability upon opening the package*  **THE FOLLOWING INFORMATION MUST BE PROVIDED TO AVOID ANY DELAY REPORTING YOUR RESULTS** | | | | | | | | **A picture containing text, clipart  Description automatically generated**  READING SCIENCE CENTRE (RSSL)  WHITEKNIGHTS CAMPUS  PEPPER LANE, READING  BERKSHIRE, RG6 6LA  **Tel: 0118 918 4000**  **Fax: 0118 986 8932**  **Email: foodsales@rssl.com** | | | | | | | |
| **RSSL PROPOSAL**  **NUMBER:**  *See quotation if provided* | | | **Proposal Number:** | | | **PURCHASE ORDER NUMBER:** | | | |
| **MANDATORY:** | | | **HAVE YOU DISCUSSED THE ANALYSIS WITH ANALYTICAL LEAD / CO-ORDINATOR\*?**  **Yes ☐ Discussed with:** | | | | | | | | | | | | | | |
| **CONTACT NAME:**  *This will be the person the results should be sent to* | | |  | | | **TELEPHONE NUMBER:** | | | |  | | | | | | | |
| **JOB TITLE:** | | |  | | | **EMAIL ADDRESS:** | | | |  | | | | | | | |
| **COMPANY:** | | |  | | | **RDQ ACCOLADE REQUESTS** | | | | | | | | | | | |
| **SPECIAL REPORTING INSTRUCTIONS:** | | | Request to CSA: please enter the 12 digit data mining code into Customer Reference 1 in LIMS. | | |
| **ACCOLADE NUMBER:**  **LEGAL ENTITY & ADDRESS:** Please advise if invoice address is different | | | | |  | | |  | | | |
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| **MANDATORY FIELDS MUST BE COMPLETED (FOR ALL NON ACCOLADE RDQ REQUESTS)** | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **Has this request been approved by budget owner?** \* | **Yes ☐ No ☐**  **If the request was not approved by budget owner, RSSL will contact the project owner before starting the work.** | | **ENTITY CODE (Mondelez Country Code) \*** |  | | **SERVICE RECEIVER PREPARER (SRP) NAME**  **Finance contact based in Genpact \*** |  | | **BUDGET OWNER’S NAME \*** |  | | **LAN ID & EMAIL ADDRESS OF BUDGET OWNER APPROVAL FROM CC / BUDGET OWNER**  (required before work commences) \* |  | | **SAP COST CENTRE NUMBER** (CC / Budget owner can provide) \* |  | | **SAP GL CODE NUMBER** (CC / Budget owner can provide) \* |  | | | | | | | | | | | | | | | | | | |
| **YOUR REQUIREMENTS**  *Please complete all sections* | | | | | | | | | | | | | | | | | |
| **STORAGE CONDITIONS** | | | | | | **Ambient**  **☐** | | | **Chilled +5˚C**  **☐** | | | | | | **Frozen -18˚C**  **☐** | | |
| **TURNAROUND TIME / DUE DATE**  Anything faster than a standard turnaround **MUST** be agreed by the lab **PRIOR** to sending samples | | | | | | **Due date:** | **Standard**  **(15 Working Days)**  **☐** | | **5 Working Days**  **☐** | | | **2 Working Days**  **☐** | | | **ERS**  **☐** | | |
| **IS THIS IS A MATILDA PROJECT? IF YES, YOU MUST ENTER A MATILDA CODE AS INSTRUCTED BELOW\*** | | | | | | | | | | | | | | | **Yes ☐ No ☐** | | |
| **TICK HERE IF YOU REQUIRE YOUR SAMPLES TO BE RETURNED** | | | | | | | | | | | | | | | **☐** | | |
| **TICK HERE IF SAMPLES / RESULTS ARE TO BE USED IN LEGAL PROCEEDINGS** | | | | | | | | | | | | | | | **☐** | | |
| **PROJECT TITLE** | | | | | | | | | | | | | | |  | | |
| **PROJECT BACKGROUND (include details of the expected business benefit (cost savings/volume growth) to Mondelēz) – Additional sample information if relevant** | | | | | | | | | | | | | | |  | | |
| **OBJECTIVE OF ANALYSIS (What questions are we trying to answer?)** | | | | | | | | | | | | | | |  | | |
| **SAMPLE & ANALYSIS DETAILS**  *Please note: All testing will be carried out in duplicate unless otherwise specified* | | | | | | | | | | | | | | | | | |
| **Sample No.** | | **Sample Description / Type**  *e.g. Cocoa Powder, Choc Filling, Biscuits, Chocolate Bars* | | | **References / Batches / Dates**  **(Non Matilda)**  *Include all information that is to appear on the Certificate of Analysis* | **Matilda (12 digit) or Cocoa Journey ID (6 or 7 digit) – code only**  *\*The data mining code must be detailed here to ensure that results can be exported from LIMS to the database.* | | | **Analysis Required /  Method Reference**  *Make it clear what analysis is required for which sample(s) & include a method reference if known* | | | | | **No. of Containers Provided Per Sample** | | | **Amount of sample provided per container (g)**  **(if applicable)** |
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***If required, please continue sample details on further copies of this form***

If the Storage field is not completed, RSSL reserve the right to decide on the appropriate storage condition. Where possible, this will be derived from Technical Agreements on file, package labelling, existing documented knowledge or on a scientific rationale as defined in RSSL SOP-66 otherwise the project will be held at ambient until resolved.