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| **TEST ITEM SUBMISSION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SAGL CPD STUDY NUMBER | | | | | | | | | | | | | |
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| **1.SPONSOR INFORMATION** | SPONSOR NAME: | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPONSOR POSTAL ADDRESS FOR INVOICING PURPOSES: | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPONSOR INFORMATION TO BE DISPLAYED ON REPORT (IF DIFFERENT FROM THE ABOVE): | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACT PERSON: | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE NUMBER: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | CELLPHONE NUMBER: | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| EMAIL ADDRESS: | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.TEST ITEM INFORMATION AND TEST REQUESTS** | TYPE OF STUDY REQUIRED: | | | | | | | | | | | | | | | | | **ISO-17025** | | | | | | | | | | | | | | | | | | | | | | | | | | | **OECD GLP** | | | | | | | | | | | | |
| TYPE OF TEST ITEM: | | | | | **TECH** | | **EC** | | | **SC** | | | | **EW** | | | | **AL** | | | **CS** | | | **SL** | | **DP** | | | | **GR** | | | **WP** | | | OTHER: Please specify. | | | | | | | | | | | | | | | | | | | | |
| PACKAGING MATERIAL TYPE | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | VOLUME | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
| DOCUMENTS AND ITEMS SUBMITTED WITH TEST ITEM: | | | | | | | | | **MSDS/SDS** | | | | | | | | | | **Manufacturers details** | | | | | | | | | | **Manufacturing process** | | | | | | | | | | | | **COA from Manufacturer** | | | | | | | | | | **Reference**  **material(s)** | | | | | |
| TEST ITEM NAME / IDENTIFICATION (for more batch numbers, see page 2) | | | | | | | | | | | | | ACTIVE INGREDIENT | | | | | | | | | | | | | | | | | | EXPECTED CONCENTRATION | | | | | | | | | | | | | BATCH # / LOT # | | | | | | | | SAGL TEST ITEM # | | | | |
| 1 | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | |  | | | | |
| 2 | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | |  | | | | |
| 3 | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | |  | | | | |
| 4 | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | |  | | | | |
| 5 | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | |  | | | | |
| TYPE OF TESTS REQUIRED: | | | QUALITY CONTROL | | | | | |  | | | STABILITY TESTS (LIST II) | | | | | | | | | | |  | | 5 BATCH  (SELECT OPTION BELOW) | | | | | | | | | | | | | |  | | | TREATED SEEDS | | | | | |  | | | | OTHER | | |  | |
| Active Ingredient Content | | | | | |  | | | Full set of tests as per FAO/WHO specification | | | | | | | | | | |  | | As per specification (to be communicated) | | | | | | | | | | | | | |  | | | Type of seed:  Click or tap here to enter text. | | | | | | | | | | (Please specify) Click or tap here to enter text. | | | | |
| Density | | | | | |  | | | Dilution rates: | | | | | | | | | | |  | | Pre-GLP screening for impurities | | | | | | | | | | | | | |  | | | Active ingredient:  Click or tap here to enter text. | | | | | | | | | |
| Other (specify) Click or tap here to enter text. | | | | | | | | | Other (specify) Click or tap here to enter text. | | | | | | | | | | | | | Pre-Screening active ingredient | | | | | | | | | | | | | |  | | |
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| **3. CONSENT** | DO YOU AGREE THAT THE SAGL MAY USE A SUITABLE METHOD? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | | | | | | | NO | | | | | | | | |
| BY SIGNING I SUBMIT MY TEST ITEMS,ACCEPT THE CONTRACT AND AGREE WITH THE TERMS AND CONDITIONS OF THE SAGL ON P2: | | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PO / QUOTATION NUMBER | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | DATE | | | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | | | |
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| *FOR OFFICE USE ONLY* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***RECEIPT*** | *TEST ITEMS RECEIVED AND CONTRACT ACCEPTED BY:* | | | | | | |  | | | | | | | | | | | | | | | | | | | | *DATE:* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| *CONDITIONS OF TEST ITEMS* | | | | | | | *RT* | | | | | | *COLD* | | | | | | | | | *HOT* | | | *NOTES* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| *STORAGE CONDITION* | | | | | | | *RT* | | | | | | *COLD* | | | | | | | | | *HOT* | | | *LOCATION* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| ***POST ANALYSIS*** | *EXPERIMENTAL PHASE COMPLETED DATE:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | *ANALYST:* | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| *RESULTS CHECKED BY:* | |  | | | | | | *DATE:* | | | | | | |  | | | | | | | | | | | | | *REPORT CHECKED BY:* | | | | | | | | |  | | | | | | | | | | *DATE:* | | |  | | | | | |
| *INVOICE AMOUNT* | | | |  | | | | | | | | | | | | *INCOME CODE:* | | | | | | | | | | | |  | | | | | | | | | | | | *INVOICE NUMBER* | | | | | | | | | |  | | | | | |

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| **CONTRACT AMENDMENTS AND/OR TELEPHONIC COMMUNICATION** | |
| See e-mails with communication attached: | |
| Communication date |  |
| Name of Sponsor Representative |  |
| SAGL Staff member name & signature |  |
|  | |
| **RESPONSIBILITES OF THE SPONSOR** | |
| 1. The Sponsor shall ensure that the test item submitted is representative of the batch. 2. The Sponsor shall ensure that the test item is stored, couriered and delivered to the SAGL Crop Protection Division in such a way that the integrity of the test item is not jeopardised. 3. The Sponsor shall ensure that the test item is clearly labelled stating the information required for reporting e.g. Test Item name, batch number, manufacturing date.   Visit www.sagl.co.za for more information. | |
| **SAGL TERMS AND CONDITIONS** | |
| * The report relates to the specific test item(s) as received from the sponsor and identified by the sponsor. * This report relates to the specific test item(s) tested as identified herein, and it does not imply the SAGL's approval of the quality and/or performance of the item(s) in question. * The test results do not apply to any similar item that has not been tested. * POPI Compliance   + - We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.     - We also want to make sure that you understand how and for what purpose we process your information. If for any reason you think that your information is not processed in a correct manner, or that your information is being used for a purpose other than that for what it was originally intended, you can contact our Information Officer.     - You can request access to the information we hold about you at any time and if you think that we have outdated information, please request us to update or correct it.     - Purpose for Processing your Information       * We collect, hold, use and disclose your personal information mainly to provide you with access to the services and products that we provide. We will only process your information for a purpose you would reasonably expect, including:         + Providing you with advice, products and services that suit your needs as requested         + To verify your identity and to conduct credit reference searches         + To process insurance claims and to take recovery action         + To notify you of new products or developments that may be of interest to you         + To confirm, verify and update your details         + To comply with any legal and regulatory requirements     - Some of your information that we hold may include, your first and last name, email address, a home, postal or other physical address, other contact information, your title, gender, occupation and your banking details.     - We may need to share your information to provide advice, reports, analyses, products or services that you have requested.     - Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us. Your information may be hosted on servers managed by a third-party service provider, which may be located outside of South Africa | |