



**Submitter's Mailing Address** (report mailed here)

Contact Person \_\_\_\_\_

Organisation \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Postcode, Country \_\_\_\_\_

Phone, Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**Billing Address** (if different)

Contact Person \_\_\_\_\_

Organisation \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Postcode, Country \_\_\_\_\_

Phone, Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**Submission Report/Service pack required (please tick).**

*For further information pertaining to Assay descriptions, please refer to Individual Assays listed under Services on the website.*

**Individual Assays**

**All prices include GST**

- |   |                  |
|---|------------------|
| <input type="checkbox"/> <b>Active Bacterial Biomass:</b>                   | <b>A\$47.00</b>  |
| <input type="checkbox"/> <b>Total Bacterial Biomass:</b>                    | <b>A\$55.00</b>  |
| <input type="checkbox"/> <b>Active Fungal Biomass:</b>                      | <b>A\$47.00</b>  |
| <input type="checkbox"/> <b>Total Fungal Biomass:</b>                       | <b>A\$47.00</b>  |
| <input type="checkbox"/> <b>Protozoa numbers:</b>                           | <b>A\$94.00</b>  |
| <input type="checkbox"/> <b>Nematode numbers &amp; Community structure:</b> | <b>A\$116.00</b> |
| <input type="checkbox"/> <b>E. Coli</b>                                     | <b>A\$50.00</b>  |
| <input type="checkbox"/> <b>Qualitative Assessment</b>                      | <b>A\$77.00</b>  |

- Please tick if you would like to receive our FREE newsletter and any other promotional material

**Total Cost:** \$ \_\_\_\_\_ inc GST (= SFI Individual Assay cost + optional sample RA-PACK costs)



### Payment Method:

Credit Card: Card# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires \_\_\_/\_\_\_

- Master Card  
 VISA

**Name and address on card if different than billing address above:**

- Cheque / Money Order (enclosed)  
 Direct Transfer (EFT)  
 BPay  
 On account (Subject to approved credit application)

## INDIVIDUAL ASSAY COMPOST

*Please complete all boxes*

<b>Sample ID</b> (please mark your sample/s clearly with these number/s)	1	2	3
Vermi or Thermal (circle one)	Vermi Thermal	Vermi Thermal	Vermi Thermal
<b>Compost Age</b> (eg. New, peak temp)			
<b>Starting Materials</b>			
<b>Date sample taken</b>			
<b>Crop(s) to be applied to</b>			
<b>Highest temp, Duration</b>			
<b>Number of times turned</b>			
<b>How often water added</b>			



<b>Oxygen &amp; temperature data</b>			
<b>Other notes/smell</b>			
<b>RA-PACK (tick one, if required – see below for RA-PACK details)</b>	<input type="checkbox"/> RA-PACK-01 (\$99) <input type="checkbox"/> RA-PACK-02 (\$165) <input type="checkbox"/> RA-PACK-06 (\$77)	<input type="checkbox"/> RA-PACK-01 (\$99) <input type="checkbox"/> RA-PACK-02 (\$165) <input type="checkbox"/> RA-PACK-06 (\$77)	<input type="checkbox"/> RA-PACK-01 (\$99) <input type="checkbox"/> RA-PACK-02 (\$165) <input type="checkbox"/> RA-PACK-06 (\$77)
Cost of this sample (= cost of any RA-PACKs required)	\$	\$	\$

*Please Note: For further analysis of Individual Assay reports, a consultation fee of \$100.00 per hour applies.*