



ORDER FORM

Company	Test report -
Mr./Ms.	Email
Address/P.O. Box	Language <input type="checkbox"/> German <input type="checkbox"/> English <input type="checkbox"/> French
Postal code, city	Delivery <input type="checkbox"/> Standard (approx. 10 – 15 working days) Desired date:
Phone	<input type="checkbox"/> Urgent (approx. 5 working days, extra charge 40 %)
Contact Email	Quality¹⁾ <input type="checkbox"/> GMP ²⁾ <input type="checkbox"/> ISO 17025 <input type="checkbox"/> State of the art ³⁾
Invoice <input type="checkbox"/> to different address (indicate under remarks)	Various <input type="checkbox"/> According to quotation:

¹⁾ only one quality standard possible. ²⁾ quality agreement and validated / verified methods needed. ³⁾ outside the accreditation.

No.	Sample description	Lot / batch no.	Storage (rt, 5°C, -20°C, protected from light, etc.)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Hazardous substances	MSDS
<input type="checkbox"/> Yes <input type="checkbox"/> Non	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not available

Parameter	Specifications/expected values	Comments
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Remarks	Date and signature
.....
.....