

Customer Information			
Company Name:			
Address:			
Contact Person:		Contact Number:	
E-Mail Address:			
Test Item Information			
Test Item Name:	<i>Please state name as you wish it to appear in the report.</i>		
Product Type:	<i>eg. Hygienic handrub</i>	Intended Area:	<i>eg. Medical area</i>
Active Substance:	<i>Please state concentrations per 100 g.</i>		
Batch No.:		Expiry Date:	
Physical Appearance:		Storage Conditions:	
Manufacturer: Name and address	<i>Please state if different from client name and address.</i>		
Testing Information			
Test Method:	<i>eg. EN 14476</i>		
Contact Time(s):			
Concentration(s):	<input type="checkbox"/> Neat / <input type="checkbox"/> Other: _____		
Product Diluent: <i>If concentrated</i>	<input type="checkbox"/> Distilled Water <input type="checkbox"/> Hard Water	Test Temperature (°C):	20°C / Other: _____ °C
Test Organism:	<i>(e.g. Human coronavirus 229E, MRSA, VRE)</i>		
Interfering Substances:	<input type="checkbox"/> Clean condition, or <input type="checkbox"/> Dirty condition		

Express service:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Available at additional charges) <i>Please note - Express service availability must be confirmed in advance.</i>
Additional Information:	
Reporting Information	
Test Report Format:	<input type="checkbox"/> Full electronic report <input type="checkbox"/> Simple electronic report with summary of results only <input type="checkbox"/> Full hard copy report (available at additional charges) <input type="checkbox"/> Others:

I have reviewed and agreed to the above testing request, the decision rule communicated by the laboratory and the terms and conditions. The test request and results will be based solely on the sample submitted to the laboratory. The information above will appear in the test report unless agreed in writing. The decision rule shall not be revised after testing has commenced.

Signature:

Name:

Designation:

Date:

For Laboratory Use Only			
Request No.:		Lab No.:	
Sample Receipt Date:		Received By:	
Review & Approval of Request:	<input type="checkbox"/> Test item received in good condition and is sufficient for the entire test request. <input type="checkbox"/> The customer requirements are adequately defined, documented, and understood. <input type="checkbox"/> The appropriate methods or procedures are selected. <input type="checkbox"/> The laboratory has the capability and resources to meet the requirements. <input type="checkbox"/> The laboratory shall meet the agreed TAT ending on _____ <input type="checkbox"/> Any changes to the above shall be agreed in writing.		
Express Service:	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ days		
Deviation/Additional Request:			
Approval Date:		Approved By:	