



Please fill in all areas.

**Testing Order**     **Offer Request**

Date: \_\_\_\_\_

Signs: \_\_\_\_\_

Remarks: \_\_\_\_\_

Kundennummer/Prüfauftragsnummer (will be completed by Phytolab)

Company: \_\_\_\_\_

Contact person: \_\_\_\_\_

Street/No.: \_\_\_\_\_ Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Shall we contact you?    yes     no

**Testing material:**

Number and name(s) of sample(s): \_\_\_\_\_  
(english, latin)

Amount and kind of sample(s): \_\_\_\_\_

Your lot number(s): \_\_\_\_\_

Harzardous material: \_\_\_\_\_

**Testing scope:**

(the possibilities are described in our list of services)

Kind of testing: \_\_\_\_\_  
(target, dimension, method)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Method:    HPLC     GC     ICP     AAS     \_\_\_\_\_

Official Regulation:    Ph.Eur.     USP     ISO     BP     \_\_\_\_\_

Determination:    yes  /  fold    no

Target date: \_\_\_\_\_

**Further comments / special requirements:**

(e.g. concerning testing report or invoice)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax: +49 (0) 91 63 - 88 349**