


PLEASE ATTACH THE PRESENT FORM TO THE SAMPLES SENT TO THE LABORATORY FOR THE TESTS

<p><b>Order form</b></p> 	<p><b>Customer name</b></p> <input type="text"/>	<p><b>Date of order</b></p> <input type="text"/>	<p><b>To be filled by laboratory staff</b></p>	
	<p><b>Address / phone:</b></p> <input type="text"/>	<p><b>Quotation reference</b></p> <input type="text"/>		<p>Received by:</p> <p>Receipt date:</p>
	<p><b>Signature &amp; stamp</b></p> <p>_____</p> <p>(signature readable)</p>	<p>Shipment from:</p> <p><input type="checkbox"/> Customer                      <input type="checkbox"/> Lab4LIFE</p>		

Quantity	Sample description	Lot	Test required and Normative Reference	Arrival temp.	Storage	Receipt number	T.R.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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**All.1 MORD:**  Yes  No    **N. attachments:**

For Test Report redaction please refer to term of service delivery

**Notes:**

Quantity	Sample description	Lot	Test required and Normative Reference	Arrival temp.	Storage	Receipt number	T.R.