

COMPANY INFO

CUSTOMER NAME			
ADDRESS			
Phone		Tax Administration	
Fax		Tax Number	

SAMPLE INFORMATION

Sequence No.	Description of Sample	Sample Quantity	Experiment Method to be Applied	Experiment Fees <i>(To be filled by the laboratory)</i>

Is Sampling Service Requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Measurement Uncertainty requested in the report?
Witness Sample will be delivered and Will it be kept by the lab?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will Remaining Samples from the Test be refunded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is conformity assessment requested in the analysis report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Decision rule to be used when performing conformity assessment?			

<p>Special conditions:</p> <ol style="list-style-type: none"> 1.If sampling service is not requested by the customer, it is the customer's responsibility to take samples in accordance with the test conditions. (AK-L19-1 Test List) 2. If sampling service is not requested by the customer, the sample transporting, packaging, Responsibility for storage operations belongs to the customer. (AK-L19-1 Test List) 3. If the printing date of the Test Method is not specified, the last edition in force is used. If the method is not specified by the customer, www.alkimpetrokimya.com that the methods in the AK-L19-1 Test List published at customer accepts. 4. Unless otherwise requested in writing, at the end of the period specified in the Legal Conditions, if any witness samples and samples remaining from the test are destroyed. To be done when necessary Transaction costs are borne by the customer. (Maximum Storage Time 3 month.) 5.After Customer deposits Test Fee specified by Laboratory testing begins. 6.This form replaces the contract if approved by the relevant parties. 	<p style="text-align: center;">Authority Requesting the Test <i>(Name Surname)</i> <i>(Signature-Stamp)</i></p> <hr/> <p><i>Date :</i></p> <p style="text-align: center;">ALKİM Bank Account Information</p>
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The following information will be filled in by the laboratory:

Explanation:	Accepting the Test Request
Experiment Start Date	Code No.
Estimated Completion Date	
Customer Confirmation: <i>I accept and confirm the terms you have declared.</i>	Confirmed by : Signature:
	Date :