

## Analysis request - Pharmaceuticals

Client information	
Company	
Contact	
E-mail	
Address	
Billing address	
Tel	
Order number, if available	

Sample information				
Sample identity (Sample name, batch etc.)	Analysis parameter	Method	Specification /limits	Dnr (filled in by EBPTS)
1)				
2)				
3)				
4)				
5)				
Risk classification, if available		Attached MSDS	Storage (fridge/freezer/RT)	
1)		Yes <input type="checkbox"/> No <input type="checkbox"/>		
2)		Yes <input type="checkbox"/> No <input type="checkbox"/>		
3)		Yes <input type="checkbox"/> No <input type="checkbox"/>		
4)		Yes <input type="checkbox"/> No <input type="checkbox"/>		
5)		Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>Quotation number or contact (at EBPTS), if available</b>			
<b>Required delivery time</b>	Standard <input type="checkbox"/>	Express (contact Laboratory Manager in advance) <input type="checkbox"/>	
<b>Analysis result will be delivered by mail. For a paper copy, check here</b>			Post <input type="checkbox"/>
<b>Other information</b>			
<b>Date and signature by client</b>			

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