

ORDER FOR ANALYSIS

Address for dispatch

Spectral Service AG
Emil-Hoffmann-Str. 33
D-50996 Köln
GERMANY

SSL-Code:

(will be filled by Spectral Service)

CUSTOMER

Person responsible

Company

Address

City

ZIP-Code

Country

Telephone / Fax

E-Mail

VAT-Identification-No.

 Report by E-Mail to

 CC E-Mail to

 and/or by Mail to

Order-No./PO:
Quotation-No.:
INVOICE-ADDRESS (if different from customer)

Contact name

Company name

Address

City

ZIP-Code

Country

Telephone / Fax

Invoice by E-Mail to

RETURN OF SAMPLES
 Return of samples (will be charged)

 Disposal of samples (for free; pesticides will be charged)

ANALYSIS ACCORDING TO (this is to certify the quality standard needed by customer for present analysis.)
 Standard (non-GXP)

 GLP
 GMP
 REACH
Date
Signature

 By signing this order form, you agree to our terms and conditions and our privacy policy
Please refer to <https://www.spectralservice.de/data-protection/?lang=en> for further information ►


ORDER FOR ANALYSIS | SAMPLES

Beware: We handle all samples at room temperature.
Please indicate if required otherwise!
Please feel free to duplicate this page if needed

SAMPLE DECLARATIONS / ANALYSES REQUIRED

1	Sample name	Charge / Lot.	Specification: (e.g. ppm / %)
Desired examination		<input type="checkbox"/> Animal Origin	
Comments			

2	Sample name	Charge / Lot.	Specification: (e.g. ppm / %)
Desired examination		<input type="checkbox"/> Animal Origin	
Comments			

3	Sample name	Charge / Lot.	Specification: (e.g. ppm / %)
Desired examination		<input type="checkbox"/> Animal Origin	
Comments			

4	Sample name	Charge / Lot.	Specification: (e.g. ppm / %)
Desired examination		<input type="checkbox"/> Animal Origin	
Comments			

5	Sample name	Charge / Lot.	Specification: (e.g. ppm / %)
Desired examination		<input type="checkbox"/> Animal Origin	
Comments			

6	Sample name	Charge / Lot.	Specification: (e.g. ppm / %)
Desired examination		<input type="checkbox"/> Animal Origin	
Comments			