

# ORDER FOR ANALYSIS

**Address for dispatch**

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

SSL-Code:

(will be filled by Spectral Service)

**CUSTOMER**

Person responsible

Company

Address

City

ZIP-Code

Country

Telephone / Fax

VAT-Identification-No.

Report by E-Mail to

CC E-Mail to

CC E-Mail to

Order-No./PO:

Quotation-No.:

**INVOICE-ADDRESS (if different from customer)**

Contact name

Company

Address

City

ZIP-Code

Country

Telephone / Fax

Invoice by E-Mail to

Email address accounts payable

**DISPOSAL OF SAMPLES** 8 weeks (for free; pesticides will be charged) other: \_\_\_ months (for surcharge – upon request)**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 [www.spectralservice.de/agb](http://www.spectralservice.de/agb) for further information



# ORDER FOR ANALYSIS | SAMPLES



## SAMPLE DECLARATIONS / ANALYSES REQUIRED

No.	Sample name	Batch	Storage: <input type="checkbox"/> ≤ 25°C <input type="checkbox"/> 2-8°C <input type="checkbox"/> <-18°C	
Testing plan/ Analytical investigation		<input type="checkbox"/> Specification <input type="checkbox"/> Expectation		
Analyte information (CAS-No., chemical formula, molecular weight, etc.)		Please attach chemical structure!		
Further sample information (Hygroscopicity, toxicity, matrix)		<input type="checkbox"/> Animal origin (phospholipid and food samples)		
Desired report date		Expedited analysis (for a surcharge)	<input type="checkbox"/> RUSH order	<input type="checkbox"/> EXPRESS order

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Please feel free to duplicate this page if needed!