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| **Customer** | | | | | **Billing adress** | | | **mailing adress** | | | | **Payment** |
| Name | |  | | |  | | |  | | | | □ ~~Invoice~~  □ ~~Cash on delivery~~  □ ~~Cash~~  Paid in advance  …………………………………………..……………  Assumed price |
| Adress | |  | | |  | | |  | | | |
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| **Disclaimer information** | | | | | | | **Method of delivery** | | | **Comment** | | |
| Sampled by | | |  | | | | □ In person  □ Post delivery  □ E-mail  ……………......………………………………………….……………………………… | | |  | | |
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| Matrix | | |  | | | |
| **LIMS** | **sample name** | | | | | **analysis range** | | | **requested operations** | | **Comment** | |
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I agree that in the event that one of the agreed tests can not be made due to unforeseeable events (e.g. device failure) or the need for further expertise, the laboratory will perform the subcontract to another competent laboratory and be responsible for the quality of the tests.



**Handover** (date, time and customer signature): …………………………………...........**Takeover** (date, time and signature): …………………………………… **Reviewed** (date, signature): ………………………………………………..