

DISPATCH FORM

CUSTOMER		BILLING ADDRESS	MAILING ADDRESS	PAYMENT
Name				<input type="checkbox"/> Invoice <input type="checkbox"/> Cash on delivery <input type="checkbox"/> Cash <input type="checkbox"/> Paid in advance Assumed price
Adress				
VAT				
Contact				
DISCLAIMER INFORMATION		METHOD OF DELIVERY	COMMENT	
Sampled by		<input type="checkbox"/> In person <input type="checkbox"/> Post delivery <input type="checkbox"/> E-mail 		
Date and time				
Sampling method				
Sampling purpose				
Matrix				
LIMS	SAMPLE NAME	ANALYSIS RANGE	REQUESTED OPERATIONS	COMMENT

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):