

Order of analysis PHARMA

Purchaser

Customer: _____

Customer no.: _____

Address: _____

Postcode city: _____

Country: _____

Telephone: _____

Contact: _____

Position/function: _____

Tel. direct: _____

E-mail: _____

Your reference: _____

Referred to quotation no.: _____

Pre-analysis consultation requested

Billing address

Customer Following address

Customer: _____

Contact: _____

Street: _____

Postcode city: _____

Country: _____

E-mail: _____

Invoice by: e-mail mail

Report (e-mail = standard)

German English

Additionally by mail

Add. copy by e-mail to: _____

No.	Sample name	Lot/batch no.	No. of containers	Add. sample information	To be stored (RT, protected from light, moisture, under exclusion of air)
1					
2					
3					
4					
5					
6					

Safety notices (e.g. toxicity, risk/safety notices, narcotics, biohazards, MSDS): _____

Delivery date: Standard (≥ 5 working days) Express (≤ 3 working days), 50% surcharge Latest date: _____
 Depends on scope of analysis Confirmed advance notification required!

Assignment to examine the above samples in accordance with the scope of testing (see reverse).

Date: _____

Signature: _____

