**□ Client Information (\*Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name\*** |  | **Business Registration #** |  |
| **First Name\*** |  | **Last Name\*** |  |
| **e-mail\*** |  | **Phone Number\*** |  |
| **Address\*** |  |

**□ Sample Information (\*Required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Name\*** |   | **Quantity\*** |  |
| **Shape of Sample** |  | **Main Component** |  |
| **Purpose of Analysis\*** |  |
| **Sample****After Analysis** | □ Return(Payment on Delivery) □ Disposal(Unless Specific Request)  |

□ **Analysis Request Detail**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Sample Name** | **Detail** | **Test Request** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Note** |  |

**\* Note**

- Please fill the Sample Information and Analysis Request fields as detail as much.

- For the new corporation clients, Certificate of Business Registration is needed as well.

- If you are a private client, please fill the Business Registration # blank as ‘0000000000’

- Please pay attention to the sample name since it is possible to be changed only before the delivery of the test result.

- The test request cancellation has to be made in writing (by email) within 24 hours after the request receipt.