



TECHNICAL SERVICE REQUEST

Ref No.:

Company / Institution: _____		Remarks
Email, phone, address: _____		
Requestor: _____	Signature: _____	
Sample brought by: _____	Signature: _____	
Sample details		
Quantity:	Label / description:	
After tests: <input type="checkbox"/> For disposal <input type="checkbox"/> For pick up (30 days retention)		
Other materials provided:		
Services required:		Quantity:
<input type="checkbox"/> Observe during test Tentative schedule:		
Reporting (choose two maximum)		
<input type="checkbox"/> Interim Report		<input type="checkbox"/> Certificate of Service Completion (no Report of Analysis)
<input type="checkbox"/> Report of Analysis (soft copy)		<input type="checkbox"/> Report of Analysis (hard copy)
<input type="checkbox"/> Data can be used for marketing materials with proper acknowledgment		
<input type="checkbox"/> Data cannot be used for marketing materials and must be considered proprietary and confidential		

To be filled out by ADMATEL - ITDI

Lab Head	Lab Manager	Cashier	Due date
Date: _____	Date: _____		

Amount due

Amount paid

O.R. no.

Date

Fees _____

Job assignment:

Sample received by:

1.

2.

3.

Form: AL-04-F4

Issue: April 1, 2016

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