



TECHNICAL SERVICE REQUEST

Ref No.: _____

Company / Institution: _____
 Email, phone, address: _____
 Requestor: _____ Signature: _____
 Sample brought by: _____ Signature: _____

Sample details	Remarks
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"/> Raw Data <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. _____