

**TECHNICAL SERVICE REQUEST**

Ref No.:

Company / Institution: _____		<b>Remarks</b>
Email, phone, address: _____		
Requestor: _____	Signature: _____	
Sample brought by: _____	Signature: _____	
<b>Sample details</b>		
Quantity:	Label / Description:	
After tests: <input type="checkbox"/> For disposal <input type="checkbox"/> For pick up (30 days retention)		
Other materials provided:		
<b>Services required:</b>	<b>Quantity:</b>	
<input type="checkbox"/> Observe during test                      Tentative schedule:		
<b>Reporting</b> (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**

Laboratory Manager	Chief, MSD	Cashier	Due date
Date: _____	Date: _____		

Amount due	Amount paid	O.R. no.	Date
Fees _____	_____	_____	_____

Job assignment: \_\_\_\_\_ Sample received by: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
 Laboratory Head / Date