V

SAMPLE SUBMISSION FORM

Vorm KK-sample_submission-01-2017

SUBMITTER:												
Company name:								VAT nun	nber:			
Contact person:								E-mail:				
contact person.								L-man.				
Company								ZIP:		Phone:		
Company address:								ZIP:		Phone:		
ANALYTICAL REPORT WILL BE SENT BY: INV							/III R	F SFNT T	n· lif differe	nt from submitter)		
Regular mail							NVOICE WILL BE SENT TO: (if different from submitter)					
E-mail												
L-IIIai												
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No	NFORMATION ABOUT SAMPLES: No Sample description A						mount Packaging Temp °C Produced Expire date					
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5												
Sampling date and time: In case of durability study, information about storage conditions, starting date and time of the analysis:											f the analysis:	
	್ಷ Microbiological parameters					Chemical parameters						
2		5 subsamples		2		Chemical parameters						
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Sample	Pooled sample	s suk			Sar							
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COMPLETED BY THE LABORATORY: Arrival date and time of sample(s):							Registration number (laboratory ID):					
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Receptionist's name and signature:												