**ANALYSIS REQUISITION FORM (F04)**

| **Company Name** |        |
| --- | --- |
| **Person In charge** |      |
| **Address**  |                 |
| **Tel No.****Fax** |            | **Email:**       |

**Sample Details:**

| **Sample Description / Product Name** | **Product weight / Serving Size / Serving per container/Other information** | **Analysis Required** |
| --- | --- | --- |
|      |      |      |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**\*Statement of non-conformity needed**: **(****☐Yes) / (****☐No)**

**Standard to be follow**: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Turn Around Time**

| **☐Normal service (10-14 working days)** | **☐Urgent service with extra 50% charge (5 – 7 workings days)** |
| --- | --- |

**Method of Payment**

( ☐) C.O.D - Fee enclosed for analysis = RM      \_\_\_\_\_\_\_\_\_\_\_\_

( ☐) Paid by online banking (CIMB UNIPEQ: 8002242299). Ref No.      \_\_\_\_\_\_\_\_

( ☐) By Purchasing Order. No:      \_\_\_\_

**Other Instruction**

(☐) Return Bottle /Container/ Icebox \_     \_\_\_\_

(☐) Sample Storage: (☐) Room temperature (☐) Chiller (☐) Freezer (☐) Incubator Temperature \_\_\_\_\_\_\_

***Note:***

1. ***Confidentiality*** – Unipeq Sdn Bhd members have provided written undertaking to protect the confidentiality of all information acquired during the performance of laboratories activities.
2. ***By signing this form, I declare that the test method used, and the review of request, tenders and contract procedure laid under clause 7.1.1 ISO/IEC 17025:2017 has been understood.***

Signature



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Date:

**\*Additional information for Laboratory Management System Unipeq (Compulsory)**

| **SST Number** |       |
| --- | --- |
| **Company Registration Number/IC Number (personal/PIC)** |            |
| **Industry** |       |
| **Account Dept Name(s)** |       |
| **Account Dept Tel** |       |
| **Account Dept Email(s)** |       |
| **Purchasing Dept Name(s)** |       |
| **Purchasing Dept Tel** |       |
| **Purchasing Dept Email(s)** |       |
| **Account Dept PIC Payment Notes – Email(s)** |       |
| **Account Dept PIC Payment Process** |       |