



TEST APPLICATION - EXTERNAL SAMPLES

DATE/TIME RECEPTION: COMPANY (FILL IN BY LAB) RECEPTION: LAB COURIER COMPANY							
CUSTOMER:							
N°	Customer reference	N/Ref (FILL IN BY LAB)	Requested tets	Sample type	Vol./Weight/U nits (FILL IN BY LAB)	Type of service	
1						Express	
						24 hs.	
						Normal	
2						Express	
						24 hs.	
						Normal	
3						Express	
						24 hs.	
						☐ Normal	
4						Express	
						24 hs.	
						Normal	
5						Express	
						24 hs.	
						Normal	
6						Express	
						24 hs.	
						Normal	
7						Express	
						24 hs.	
						☐ Normal	
8						Express	
						24 hs.	
						Normal	
9						Express	
						24 hs.	
						Normal	
10						Express	
						24 hs.	
						Normal	
OBSEF	RVATIONS:						
complian-	e with the current regulations on personal dat	a protoction we be	y inform you that your data!!!	he incorporated into the	acaccing auctom of "I AD	ODATODIO ANIAI ÍTICO	

 $text: \verb"Exercising" the right requested, followed by your full name". The privacy Policy is published on our website.$

The client has been informed of the scope of accreditation of the Laboratory and accepts the conditions of the work offered. The current Technical Annexes and the Public List of Tests are available on the website: www.lab-sl.com

Signed customer:	Received by:	
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