

Customer Information			
<b>Company Name:</b>			
<b>Address:</b>			
<b>Contact Person:</b>		<b>Contact Number:</b>	
<b>E-Mail Address:</b>			
Test Item Information			
<b>Test Item Name:</b>	<i>Please state name as you wish it to appear in the report.</i>		
<b>Product Type:</b>		<b>Intended Area:</b>	
<b>Active Substance:</b>	<i>Please state concentrations per 100 g.</i>		
<b>Batch No.:</b>		<b>Expiry Date:</b>	
<b>Physical Appearance:</b>		<b>Storage Conditions:</b>	
<b>Manufacturer: Name and address</b>	<i>Please state if different from client name and address.</i>		
Testing Information – Chemical Analysis			
<b>Test Method:</b>	<input type="checkbox"/> Purity Test of Alcohols by Gas Chromatography		
	<input type="checkbox"/> Determination of Alcohols by Gas Chromatography		
	<input type="checkbox"/> Determination of C2-C3 Alcohols by Gas Chromatography		
	<input type="checkbox"/> Determination of Density using Density Meter		
	<input type="checkbox"/> Determination of pH		
	<input type="checkbox"/> Water Content Determination by Karl Fischer Titration		
	<input type="checkbox"/> Acid-Base Titration		
	<input type="checkbox"/> Determination of Cationic Surfactant Content by Titration		
	Material Compatibility Tests – <input type="checkbox"/> EN ISO 21530 OR <input type="checkbox"/> EN ISO 21563		
<b>Additional request(s):</b> <i>if any</i>			

<b>Express service:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (Available at additional charges) <i>Please note - Express service availability must be confirmed in advance.</i>
<b>Additional Information:</b>	
<b>Reporting Information</b>	
<b>Test Report Format:</b>	<input type="checkbox"/> Full electronic report <input type="checkbox"/> Simple electronic report with summary of results only <input type="checkbox"/> Full hard copy report (available at additional charges) <input type="checkbox"/> Others:

*I have reviewed and agreed to the above testing request and the terms and conditions. The test request and results will be based solely on the sample submitted to the laboratory. The information above will appear in the test report unless agreed in writing. Viroxy will not provide a statement of conformity to a specification or standards in the test reports for chemical tests.*

**Signature:**

**Name:**

**Designation:**

**Date:**

For Laboratory Use Only			
<b>Request No.:</b>		<b>Lab No.:</b>	
<b>Sample Receipt Date:</b>		<b>Received By:</b>	
<b>Review &amp; Approval of Request:</b>	<input type="checkbox"/> Test item received in good condition and is sufficient for the entire test request. <input type="checkbox"/> The customer requirements are adequately defined, documented, and understood. <input type="checkbox"/> The appropriate methods or procedures are selected. <input type="checkbox"/> The laboratory has the capability and resources to meet the requirements. <input type="checkbox"/> The laboratory shall meet the agreed TAT ending on _____ <input type="checkbox"/> Any changes to the above shall be agreed in writing.		
<b>Express Service:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ days		
<b>Deviation/Additional Request:</b>			
<b>Approval Date:</b>		<b>Approved By:</b>	