Test Request Form

[Hazardous Chemical Substances, etc.]



Nissenken Quality Evaluation Center * I agree to the terms and conditions and request the following test and report.

Rec	eptic	on date	1					Dorser '-				
		Company Name						Person in charge				
3	als	Address						TEL				
30,501,500	anha.	Address						E-mail	Japanese			
	2	Department						Number of the report	English Chinese			
If the n		mo of roport or	billing address is differe	nt from the	roquestor's	place fill in th	o roquirod i	copies	JNLA			
		Company Name	billing address is differen	iit iioiii tiie	e requester s	, picase iiii iii ti	ie reguireu i	Person in charge	ii below.			
Test report	information	Department						TEL				
Test	infor	Address	=				E-mail					
		Company Name						Person in				
Invoice	information	Department						charge TEL				
<u> </u>	infori	Address	=	E-mail								
	Sar	mple return	Yes · no	Receptio	n classificatio	n Limited exp	oress · local		of issuance	Bat	ch · By sample	
Purpose of the request Quality control Research and development products Distribution Confirmation of complained Other()		
Sample type Oeko-Tex (textiles, pharmaceuticals) ZDHC U.S. CPSIA Sanitation Law Food Sanitation Law)			
Sample 1	samp		•		Materia	ls and forms	c/#(color num	ber)		LOT	
	discr tion											
	Iton											
	Iten test											
5	Reque	ests,										
	etc											
	samp discr					Materials and forms c/#(color number)			LOT	
	tion	n										
ole 2	Iten	ns										
Sample	test	ed										
	Reque etc.											
	samp					Materials and forms c/#(ber)		LOT	
	discr tion											
le 3	Iten	ns										
Sample	test											
3,												
	Reque etc.	ts,										
		onary matters										
2	. The . The	samples require submitted samp	eissued within one year on d for the test are 10g (or les and containers will be the product, you will be	A4 sized) for discarded	unless reque	sted to be retur	ned. Howeve	er, if it is a			ys return it.	
	Samp	ole arrival Acceptar	ce Date of issue	·	Scheduled	Preliminary repo		Sample retu	ırn Repor	t delivery	Month and day	
ssing coli		date confirmat			completion date	berson			1. By post	-	•	
Internal processing column			Person in charge			Contact per			Courier Taking t			
Inter	AM	I • PM				, , , , , , , , , , , , , , , , , , ,			4. To bring	3		
Reception Date Request form No.											Receptionist	

month

Year

D day