Test request form



[Cosmetics]

* I agree to the terms and conditions and request the following test and report. Nissenken Quality Evaluation Center									
Rec	eptio	on date	ſ			Domon in	1		
		Company Name				Person in charge			
Doctor	בארבו	Address				TEL E-mail			
	nhau					Number of	Japanese		
		Department				the report copies	English Chinese JNLA		
lf th	ie na	me of report or	l hilling address is differer	nt from the requester's, pla	ease fill in the required i				
		Company Name		<u>in nom the requester s, pr</u>		Person in charge			
Test report	information	Department				TEL			
Tes	info	Address	₸			E-mail			
	uo	Company Name				Person in charge			
Invoice	information	Department		TEL					
-	info	Address	Ŧ			E-mail			
Sa		nple return	Yes • no	Reception classification	Limited express • local	Form	ofissuance	В	atch • By sample
Ρι	irpos	e of the request		arch and Imported products	Distribution Clai and sales hand		Application or approval] Other	.(
0,		imple type	□ Cosmetics/ □ Pha quasi-drugs □	prmaceutical products	ials 🗌 Food products	🗌 Sund	dries 🗌	Other(
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Sample 3	Iten teste								
Sa									
	Reque etc.								

Precautionary matters

1. The report may be reissued within one year of issuance.

2. The submitted samples and containers will be discarded unless requested to be returned.

3. If you wish to return the product, you will be responsible for the delivery fee by the carrier service.

column	Sample arrival date	Acceptance confirmation	Date of issue	Scheduled completion date	Preliminary report date	Sample return	Report delivery	Month and day
Internal processing	AM • PM		Person in charge		Contact person		 By post Courier service Taking back To bring 	
			Reception Date Year	month	Request form No.	_		Receptionist

Our center responsibly and properly manages the information obtained from this request.