Test Request Form



[Infrared-ray test]											O MISSELLYCII					
	e to the on date	terms and	d condition	ns and request t	ne followi	ng test an	d repo	rt.			Nissen	ken Qı	uality Evalu	ation Center		
Requester		ny Namo								Person in						
	Company Name									charge TEL						
	Address									E-mail						
	Depa	artment								Number of the report copies	Fngl	ish ese				
If the n			billing add	ress is different	from the I	reauester	's. plea	se fill in 1	the required	informati Person in						
Test report information	Company Name									charge						
	Department									TEL						
	Address :		₹							E-mail						
Invoice information	Company Name									Person in charge						
	Department									TEL						
In	Address		₹							E-mail						
sumple discription						c/‡ (color nu							Qty.			
	f issuing ort	☐ By t	type			rn after Yes No			□No		truction of specimen	☐ Acc	ceptable 🗆	Not Acceptabl		
	Tes	st items		Test	standard	Measurement tempera (40°C to 60°C recommer Not allowed below 40				nded) Mea			asurement surface ecify skin surface)			
Infrared-ray test				FT-IR method						ဇ						
Precau	ıtionary	/ matters	<u> </u>	l			1			I						
※ Test	s are pe	erformed	on 3-cm-c	diameter circula	r or 2cm×	c2cm squ	are spe	ecimens,	with 1mm~	5mm thic	ckness.					
For	materia	als that ar	e difficult	to cut, such as	plastic an	ıd metal,	prepai	e sampl	es that have	been ad	justed to tl	he abo	ove size ir	n advance.		
፠ Ple	ase con	tact us fo	or sample	e forms other t	than fabr	ic (padd	ing, po	wder, e	etc.).							
Estima	ted del	livery tim	ne: 2 wee	ks to 1 month												

Reception Date			Request form No.										Receptionist	
Year	month	dav	D			-								

Remarks column