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| *To be filled in by the Office* |
| *Protocollo: del* |

Direzione Territoriale \_\_\_\_\_\_\_\_\_\_\_\_

Ufficio Antifrode e Controlli - Sezione Laboratori

Laboratorio chimico di\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANALYSIS REQUEST**

**(\*)** required field

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| --- | --- | --- | --- | --- |
| **The Customer (\*)**  Company name or name and surname | | | | |
| **Registered office** **(\*)**  (Address, ZIP code, City, State) | | | | |
| **Tax or VAT code (\*)** | | | | |
| **Certified Email Address: (\*)** | | | | |
| **Company e-mail address and/or contacts: (\*)** | | **Receiver code for electronic invoicing** (if owned)**: (\*)** | | |
| Phone: | | Name of a possible billing contact: | | |
| 🞎 asks for the Offer for the following determinations: | | | | |
| 🞎 asks for being made the determinations reported in your Offer number \_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Quantity required** | **Determination and method of analysis required** | | (to be filled in by the Office) | |
| **CODE** | **Notes** |
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| **on number\_\_\_\_\_ of sample/s representative of the following goods: (\*)** | | | | |
| **Purpose of the analysis: (\*)**  🞏 product composition  🞏 other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Asks the release of the Test Report in n. \_\_\_ original copies for each sample (cost of each original copy € 6.50 excluding VAT) | | | | |
| The customer undertakes to make the payment in the amount provided for the services requested by bank transfer, indicating the reason for payment, shown on the invoice.  The information provided will be processed by the Laboratory exclusively for the purposes related to the provision of the service and for any subsequent obligations. The Laboratory processes these data in accordance with Regulation (EU) 2016/679 of 04/27/2016 | | | | |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp and signature of the customer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *Notes* | | | | |
| Approved *The Head of the Laboratory*  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |