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|  | | **TEST REQUEST FORM** | | | | | **Date** | |
| …./…./20…. | |
| **Customer Information** | | | | | | | | |
| **Customer Name** : | | | | **Contact Name** : | | | | |
| **Telephone** : | | | | **Tax Office** : | | | | |
| **E-Mail** : | | | | **Tax ID** : | | | | |
| **Address** : | | | | | | | | |
| **Requested Tests** | | | | | | | | |
| **S.N** | **Identification of the Test Sample** | | **Requested Tests and Test Values** | | | **Quantity** | | **Standard No / Clause** |
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| **Would you like to have an accredited report? Yes  No** | | | | | | | | |
| **Appendix (Technical Drawings etc.)** | | | | | | | | |
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| **Notes** | | | | | | | | |
| The door height of laboratory is 4,4 m, width is 4,3 m.Please send this form to [hilkar@hilkar.com](mailto:hilkar@hilkar.com) | | | | | | | | |
| **This part will be filled by the laboratory** | | | | | | | | |
| **Contract No** | | |  | | **Prepared By** | | | |
| **Estimated Test Duration** | | |  | |
| **Test Beginning Day** | | |  | |
|  | | | | | | | | |