1. **CUSTOMER**

Company Name:

|  |
| --- |
|  |

Order Number:

|  |
| --- |
|  |

Vat No.:

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| --- |
|  |

Street:

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| --- |
|  |

Post Code:

|  |
| --- |
|  |

City:

|  |
| --- |
|  |

Phone:

|  |
| --- |
|  |

E-mail:

|  |
| --- |
|  |

**Contact person**

Name and Surname:

|  |
| --- |
|  |

Phone:

|  |
| --- |
|  |

E-mail:

|  |
| --- |
|  |

1. **INVOICE INFORMATION**

☐ Invoice for Ordering Company

☐ Invoice for Other Company

*(Please confirm company’s agreement)*

Company Name:

|  |
| --- |
|  |

Vat No.:

|  |
| --- |
|  |

Address:

|  |
| --- |
|  |

Payment method:

☐ bank account transfer

E-mail:

*(for sending electronic invoice)*

|  |
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1. **TEST REPORT INFORMATION**

☐ Polish language

☐ English language

☐ Other language

*(Please write language name. Test report for additional fee)*

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| --- |
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TEST REPORT SHOULD BE ISSUED ON

☐ Ordering Company

☐ Other Company

Company Name:

|  |
| --- |
|  |

Address:

|  |
| --- |
|  |

TEST REPORT SHOULD BE SENT:

Electronic way:

☐ Ordering Company e-mail

☐ Another e-mail:

*(Please write e-mail)*

|  |
| --- |
|  |

☐ By traditional post in paper way (for additional fee)

1. **ADDITIONAL REQUIREMENTS**

☐ Urgent order (for additional fee)

*(The time frame of an urgent test should be confirmed with GBA POLSKA, before samples are sent).*

☐ Provide the measurement uncertainty in test report

☐ CoStatement of conformity of test results to the requirements specified in:

☐ the attached specification (please send specification before samples test starts)

☐ regulation (please write regulation No.)

|  |
| --- |
|  |

GBA POLSKA may provide the statement of conformity of test results to the specified requirements at the requirements at the request of the Customer, after establishing a decision rule with the Sales Supervisor. When making statements of conformity to a specified requirements, the laboratory shall apply Simple Acceptance Rule, except when the decision rule has been defined by legal regulations or normative documents.

1. **WAY OF SAMPLES DELIVERY TO GBA POLSKA**

☐ Sampled by GBA POLSKA certified sample collector

☐ Collected by GBA POLSKA pick-up courier

☐ Package shipment (Please write Company name and address, when package is shipped by other company)

☐ Personally by the Ordering Person

☐ Purchase by GBA POLSKA

1. **TEST PURPOSE**

☐ Own needs (for internal control)

☐ Legally regulated area

1. **ADDITIONAL NOTES**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Offer Number:** | | | | | | | | | |
| **Information about samples and scope of tests:** | | | | | | | | | |
| **No.** | **Subject of the tests** *e.g.* *cosmetics, cosmetic ingredients and raw materials, household chemicals, hygiene products, medical products, pharmaceutical products* | **Sample identification information** *(Sample name, serial No. etc.)* | **The scope of tests** | **Number of samples tested (for example a single sample, a sample averaged over several pieces)** | **Sample storage conditions** | **Type of packaging** | **Number of packagings prepared for tests** | **Comments (e.g. averaging method, enclosed documents)** |  |
|  |  | **Sample name:**  **Producer:**  **Production date:**  **Serial No.:** |  |  |  |  |  |  |  |
|  |  | **Sample name:**  **Producer:**  **Production date:**  **Serial No.:** |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Offer Number:** | | | | | | | | | |
| **Information about samples and scope of tests:** | | | | | | | | | |
| **No.** | **Subject of the tests** *e.g.* *cosmetics, cosmetic ingredients and raw materials, household chemicals, hygiene products, medical products, pharmaceutical products* | **Sample identification information** *(Sample name, serial No. etc.)* | **The scope of tests** | **Number of samples tested (for example a single sample, a sample averaged over several pieces)** | **Sample storage conditions** | **Type of packaging** | **Number of packagings prepared for tests** | **Comments (e.g. averaging method, enclosed documents)** |  |
|  |  | **Sample name:**  **Producer:**  **Production date:**  **Serial No.:** |  |  |  |  |  |  |  |
|  |  | **Sample name:**  **Producer:**  **Production date:**  **Serial No.:** |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Offer Number:** | | | | | | | | | |
| **Information about samples and scope of tests:** | | | | | | | | | |
| **No.** | **Subject of the tests** *e.g.* *cosmetics, cosmetic ingredients and raw materials, household chemicals, hygiene products, medical products, pharmaceutical products* | **Sample identification information** *(Sample name, serial No. etc.)* | **The scope of tests** | **Number of samples tested (for example a single sample, a sample averaged over several pieces)** | **Sample storage conditions** | **Type of packaging** | **Number of packagings prepared for tests** | **Comments (e.g. averaging method, enclosed documents)** |  |
|  |  | **Sample name:**  **Producer:**  **Production date:**  **Serial No.:** |  |  |  |  |  |  |  |
|  |  | **Sample name:**  **Producer:**  **Production date:**  **Serial No.:** |  |  |  |  |  |  |  |

1. **TERMS OF COOPERATION**

* We kindly ask you to fill in the form on computer (except a handwritten signature). If you prefer to fill in a different way, please contact the Laboratory before order.
  + The scope of test should be precisely recalled from the offer (parameter name, methodology).
  + The Laboratory is not responsible for the tests carried out on the basis of incorrectly or incompletely completed form. The laboratory is limited to performing the analyzes indicated in the form.
  + The Customer will be charged an additional fee for issuing a correction to the report resulting from incorrect or uncomplete completion of the form.
  + The service will not be commenced until the receipt of a complete set of documents and required information necessary to perform the ordered research.
  + In the case of vitamin analysis, the Customer should provide the Laboratory with information on the estimated content.
  + The Customer is obliged to provide the method of averaging or preparation of the sample for testing.
  + In order to enter the requirements on the report, the Customer is obliged to submit them together with the test order form.
  + If not marked otherwise, the test report will be issued to the Ordering Company.
  + If the number of the offer and research methods has not been indicated, the Laboratory will contact the Customer in order to determine the scope of the tests ordered.
  + We kindly inform that in case of preservative test, laboratory makes a statement of conformity to the criterion A of the degree of reduction of test microorganisms. The decision rule is Simple Acceptance.I f Customer does not agree, please inform us in test order.
  + Reference to an offer including subcontracted research is equivalent to accepting the services of the subcontractor.
  + The General Terms of Service are available on the website [www.gba-polska.pl](http://www.gba-polska.pl).

Comment: We kindly ask you to put paper order form in the package with samples.

Customer

Date, name and surname, sign

|  |  |  |  |
| --- | --- | --- | --- |
| **Filled by Laboratory** | | | |
| Date of admission: | Samples delivered by: | | Samples registered by (date, sign): |
| Number of registered samples: | | Comments to registered samples: | |