

	REPUBLIC OF TURKEY MINISTRY OF AGRICULTURE AND FORESTRY HOME FOOD and FEED CONTROL CENTRAL RESEARCH INSTITUTE	
	SPECIAL REQUEST ANALYSIS REQUEST FORM	

SENDER INSTITUTION INFO					Sample Arrival Date	
Company/Institution Name&Adress:						
Tax No						
Tel / Fax:						
Contact Person				E-mail		
Is the report adress same as the billing adress?		Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, billing adress should be specified.)				
INFORMATION ABOUT THE SAMPLE						
Samp. No	Sample Name / Type	Feature of Sample	Amount of Sample	Requested Analyses	Requested Method (If there)	
1						
2						
3						
4						
Send report as: Post <input type="checkbox"/> By hand <input type="checkbox"/> Cargo <input type="checkbox"/> E- mail <input type="checkbox"/> Fax <input type="checkbox"/>				I would like to evaluation of results on the report. <input type="checkbox"/>		

NOT 1) The nresponsibility of the possible errors regarding transportation, packaging and protection of the samples are belong to customer.

NOT 2) The sender is considered to accept the methods applied in our institution.

NOT 5) In case of objection of results, please apply to Sample Acceptance and Reporting Dep. by petition.

We kindly submit to perform relevant analysis on pieces of samples specified above form.
Deliverer Date/Signature