Sample Submission Form

PERMULAB SDN. BHD. | Address: A-G-16, Merchant Square @ Tropicana, Jalan Tropicana Selatan 1, PJU3, 47410 Petaling Jaya, Selangor, Malaysia.
Tel: 03-78830068 | Fax: 03-78830065 | Email: info@permulab.com.my | Website: www.permulab.com.my

CUSTOMER DETAILS
Company Name:
Contact Person:
Email:
Contact No.:
Address:
Purchase Order No.:
Quotation Ref.:

REPORTING DETAILS
Company Name:
Report Attention To:
Report CC To (Email) :
Send Invoices To:
Report Each Sample Separately? ☐ Yes ☐ No If multiple samples are listed below, tick yes to receive an individual CoA for each sample.

SAMPLE DETAILS	PAYMENT DETAILS
Composite Sample: ☐ Yes ☐ No Samples hazardous to health: ☐ Yes ☐ No For return sample, courier fees applies.	Payment : ( ) Terms ☐ Paid : Cash/Cheque/Credit Card ☐ Not Paid **Please pay to:** **Permulab Sdn Bhd** **HSBC Bank (105832216101)** **Email to: ar@permulab.com.my**

Sender Signature :
Name : Date: Time:
Received By :
URGENT DETAILS
☐ Normal Turn-around-time (TAT) ☐ Urgent Service (surcharge applies) NOTE: For urgent testing, please contact Permulab prior to submitting samples to confirm availability
NOTE: We will issue e-certificate and e-invoices. All certificates and invoice will be emailed to designated email address directly from LIMS system.

SAMPLE NAME (Product Name/Sample Marking)	SAMPLE DESCRIPTION (Batch No/Mfg Date/ Exp Date/ Sample Type/Sample Source)	SAMPLED DATE	STORAGE CONDITION	ANALYTICAL REQUIREMENTS (Test Parameters)	SPECS	REMARKS	RETURN SAMPLE