

FOOD TESTING ORDER FORM

FEPT-GEN-DOK-10-5E

Version: 02

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| Customer name: | | | | | | |
|------------------------------|--------------|---|-------------------------------------|---|--|--|
| Customer address: | | | | | | |
| Customer contact person nam | e: | | | | | |
| Customer contact person e-ma | ail: | | | | | |
| Customer contact person phor | ne no.: | | | | | |
| | | | | | | |
| Laboratory name: | | Kromat Kft F | EPtest LabServices | | | |
| Laboratory delivery address: | | 8000 Székesfe | 8000 Székesfehérvár, Bakony utca 4. | | | |
| Laboratory manager: | | Péter Fábián P | Péter Fábián PharmD | | | |
| Laboratory manager contacts: | | info@feptest.c | info@feptest.com +36 20 370 9103 | | | |
| Quality assurance contacts: | | quality@feptes | quality@feptest.com +36 20 370 1992 | | | |
| To be filled by Laboratory | | • | | • | | |
| Customer ID: | | | | | | |
| Contract ID: | | | | | | |
| Sample reception date: | | | | | | |
| Sample receiver signature: | | | | | | |
| | T | | 1 | | STORAGE | |
| SAMPLE NAME | SAMPLE ID | SAMPLE QUANTITIES (weight, volume, packaging unit) | TEST / TASK NAME | | REQUIREMENT Room temp: 15 - 25°C Refrigerator: 2 - 8°C Frozen: < -15°C Other temperature Keep away from sunlight, etc. | |
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| If the sample to be tested is a "finished product", please write here the manufacturer, distributor, license number and main data of the finished product (expiry date, lot number, registration number, etc.). | | | | | |
|---|--|---|--|--|--|
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| task division matrix with our laborator | y. Feel free to ask for our core document v | the ISO (17025) / GMP or the commonly used with confidence! In the absence of these, the regulated in our ISO (17025) / GMP system: | | | |
| | ransfer (AMT), method development, or the .), please send us the relevant protocol, SC | e customer wants to perform the test based on OP, article, standard, in e-mail. | | | |
| | mpetence, the laboratory is entitled to upl t. Our client can also initiate their own app | oad, approve and treat the submitted protocols proval. | | | |
| Analysis, whereas in case of partial qua the customer's request are published | ality assurance, a partial fulfillment of the re in a Report. | tored results in a Test Report or Certificate of quirements described in the ISO (17025) / GMP at | | | |
| Issuing a Test Report requiring full qu | ality assurance without method verificatio | n or adoption is impossible. | | | |
| In case you do not provide us with sta | ndards or columns, you will be charged se | eparately. | | | |
| The customer declares that the samp | le represents the test substance from which | ch it was collected. | | | |
| Kromat Kft FEPtest LabServices dec regulations and its own SOPs. | clares that measurements and documenta | tions thereof are based on ISO (17025) / GMP | | | |
| document and the quality managemen | nt documentation of Kromat Kft FEPtest | ility matrix and the conditions within this present LabServices. By signing this document, the ail and settles the invoice within 30 days after | | | |
| | | est LabServices every 3 years, on the basis of ne customer may be connected by agreement. | | | |
| The Laboratory shall store the residua | Il sample at the prescribed storage temper | rature for 30 days without special request. | | | |
| We will accept a complaint about the | result for 30 days after the release of the r | result. | | | |
| The Laboratory shall retain and safely | store all raw data in electronic or paper for | orm for at least 10 years. | | | |
| | | | | | |
| Date: | | | | | |
| | | | | | |
| | Customer name | Customer signature | | | |