**Sample submission form**

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| --- |
| **Customer** |
|  |
| Customer number: |  |
| Adress: |  |
|  |  |
| Sender:(if different from customer) |  |
| Invoice recipient:(if different from customer) |  |
|  |  |
| Contact person: |  |
| Phone number: |  |
| E-mail:(electronic dispatch of test reports and invoices ) |  |
| Date/signature: |  |

|  |
| --- |
| **Sample information** |
|  |
| Product description: |  |
| (product, batch, lot number, material number, other identifications, ...) |  |
|  |  |
| BZU: |  |
| Packaging: |  |
| Sampling data: |  |
| Manufacturing date/best before date: | **/** |
| Tests required: |  |
|  |
|  |
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| **Contact MQD** |
|  |
| Phone sample recipient: | +493843/751301 |  | E-mail sample recipient: | annahme@mqd.de |
| Adress: | Speicherstraße 11; DE-18273 Güstrow |