

Service Request for fish diseases

Aqua Touch Laboratory Co., Ltd.

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Part 1: For customer. (Please fill the blank correctly and completely because it is used as information on test report)									For sample r	For sample receiving officer only		
1.1. Name-Address of customer										Re	Request No.	
Name:						Telephone:						
E-mail:												
1.2. Name-Address for tax invoice												
Name: Tax ID No.:												
Address:												
1.3. Test report information												
Language of report: Thai English Thai and English (300 THB additional charge)												
Name-Address: Same as tax invoice details Other (Specify)												
Specificing unconstainty, LOD LOO values. Veg (200 TIID additional above)												
Specifying uncertainty, LOD, LOQ values: Yes (300 THB additional charge) No												
Hard copy report delivery: By hand Deliver to the address on tax invoice Deliver to the address on text report												
Report notification: LINE E-mail												
1.4. Sample details and test items (If there is more than one species or type of sample, please fill out a new form)												
Objective:		ce number) Internal s	urveillance	Others Sampling date:						
Sample ty	Sample type: Carp Sea bass Grouper Others				Shipping temperature:			Chilled/ Frozen	Room temperature			
Sample de	Sample detail:					Others Delivery method:			By hand	By courier		
Sample condition: Chilled/ Frozen Preserved in ethanol Alive Sending								Sending date:	_			
Return of	sample: No	Yes, self-pickup	(within 3 months aft	er completing the test re	port)							
								Part 2: For sample receiving officer				
		Method and Test item (Please fill X in the test item				box)				mple information		
No.	Sample name/code from customer						Quantity po	er Cond	ition	Sample condition	Total number of test	
		PCR	RT-PCF	qRT-PCR		qPCR	sample	Normal	Abnormal	(for abnormal sample)	item(s)	
1		KHV	RSIV SVC	VNN TiL	V KHV	7 Megalocytivir	us				PCR	
		Other:									KHV item(s)	
2		KHV	RSIV SVC	VNN TiL	V KHV	Megalocytivin	ıs				RSIV item(s)	
		Other:	I navel I ave	al Ivaavi law							RT-PCR	
3		KHV	RSIV SVC	VNN TiL	V KHV	Megalocytivir	us				SVC item(s)	
		Other:	RSIV SVC	VNN TiL	V KHV	/ Megalocytivir	ne				qPCR KHV item(s)	
4			KSIV SVC	VIVIN TIE	V KIIV	Wegalocytivii	us				Megalocyt item(s)	
		Other: KHV	RSIV SVO	VNN TiL	V KHV	Megalocytivir	us				ivirus	
5		Other:	1	-			_				qRT-PCR	
		KHV	RSIV SVC	VNN TiL	V KHV	/ Megalocytivir	us				VNN item(s)	
6		Other:				•					TiLV item(s)	
7		KHV	RSIV SVC	VNN TiL	V KHV	/ Megalocytivir	us				Other(s)	
		Other:				T T						
8		KHV	RSIV SVC	VNN TiL	V KHV	Megalocytivir	us					
		Other: KHV	RSIV SVO	VNN TiL	v KHV	/ Megalocytivir	ne					
9		Other:	KSIV SVC	J VIII III	V KIIV	1						
10		KHV	RSIV SVC	VNN TiL	V KHV	/ Megalocytivir	us					
10		Other:			' '	•						
11		KHV	RSIV SVC	VNN TiL	V KHV	/ Megalocytivir	us					
		Other:										
12		KHV	RSIV SVC	VNN TiL	V KHV	Megalocytivir	us					
	nolicy 1. Comments and interpretation	Other:	not marridad 2 No smaoif	instinu of compliance 2. The	comple will be	1						
Laboratory	policy 1. Comments and interpretation kept for 15 working days while				sample will be		2.2. Payment	method		+_	y sample receiving officer	
Q						Quotation No.: QT						
For customer						By cash			and sufficient.			
I acknowledge and consent to test according to the terms and Signature						Transfer via Siam Commercial Bank (SCB) account				Re	eceived by	
conditions of laboratory, and confirm that the information provided is						Account No.: 418-170352-5						
correct. The laboratory reserves the right to correct any information in Account name: Aqua Touch Laboratory Co., Ltd												
the test report that do not match this request form.							(
Date Payment date:										Date		
Part 3: For officer to review requests and laboratory readiness												
3.1. Request reviewing: Correct-complete according to conditions 3.2. Laboratory readiness reviewing Reviewed by										eviewed by		
☐ Do not meet the conditions (Specify)							Provide all services					
Refuse to accept samples because							Provide some services					
							Unable to	o provide service		()	
Remark: 3.3. Test report due date								Position (Position (
								Date				