

Service Request for shrimp 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 receiving officer only							
1.1. Name-Address of customer														Request No.							
Name: _____										Telephone: _____											
E-mail: _____										LINE ID: _____											
1.2. Name-Address for tax invoice																					
Name: _____										Tax ID No.: _____											
Address: _____																					
1.3. Test report information																					
Language of report: <input type="checkbox"/> Thai <input type="checkbox"/> English <input type="checkbox"/> Thai and English (300 THB additional charge) Name-Address: <input type="checkbox"/> Same as tax invoice details <input type="checkbox"/> Other (Specify) _____ _____ Specifying uncertainty, LOD, LOQ values: <input type="checkbox"/> Yes (300 THB additional charge) <input type="checkbox"/> No Hard copy reprot delivery: <input type="checkbox"/> By hand <input type="checkbox"/> Deliver to the address on tax invoice <input type="checkbox"/> Deliver to the address on test report Report notification: <input type="checkbox"/> LINE <input type="checkbox"/> 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: <input type="checkbox"/> DOF activities (Reference number _____) <input type="checkbox"/> Internal surveillance <input type="checkbox"/> Others _____ Species: <input type="checkbox"/> White shrimp <input type="checkbox"/> Black tiger shrimp <input type="checkbox"/> Giant fresh water prawn <input type="checkbox"/> Others _____ Type: <input type="checkbox"/> Chilled/ Frozen <input type="checkbox"/> Preserved in ethanol <input type="checkbox"/> Alive Return of sample: <input type="checkbox"/> No <input type="checkbox"/> Yes, self-pickup (within 3 months after completing the test report)														Sampling date: _____ Shipping temperature: <input type="checkbox"/> Chilled/ Frozen <input type="checkbox"/> Room temperature Delivery method: <input type="checkbox"/> By hand <input type="checkbox"/> By courier Sending date: _____							
No.	Sample name/code from customer	Method and Test item (Please fill X in the test item box)										Part 2: For sample receiving officer									
												2.1. Sample information									
												Quantity per sample	Condition Normal Abnormal		Sample condition (for abnormal sample)		Total number of test item(s)				
qPCR	qRT-PCR		PCR		Others		qPCR		qRT-PCR		PCR		Others								
	qPCR		qRT-PCR		PCR		Others		qPCR		qRT-PCR		PCR								
1		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
2		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
3		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
4		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
5		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
6		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
7		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
8		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
9		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
10		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
11		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
12		AHPND	EHP	NHP-B	YHV	TSV	IMNV	TPD ^a													
		IHHNV	WSSV	DIV1	TPD ^a	MrNV	XSV														
Laboratory policy 1. Comments and interpretations of test results are not provided. 2. No specification of compliance. 3. The sample will be kept for 15 working days while waiting for payment. 4. The live sample will be preserved immediately.														2.2. Payment method				2.3. Reviewing by sample receiving officer			
For customer														Quotation No.: QT _____				Received by			
														<input type="checkbox"/> By cash							
														<input type="checkbox"/> Transfer via Siam Commercial Bank (SCB) account Account No.: 418-170352-5 Account name: Aqua Touch Laboratory Co., Ltd Payment date: _____							
<input type="checkbox"/> I acknowledge and consent to test according to the terms and conditions of laboratory, and confirm that the information provided is correct. The laboratory reserves the right to correct any information in the test report that do not match this request form. _____ Date _____																					
Part 3: For officer to review requests and laboratory readiness																					
3.1. Request reviewing: <input type="checkbox"/> Correct-complete according to conditions <input type="checkbox"/> Do not meet the conditions (Specify) _____ <input type="checkbox"/> Refuse to accept samples because _____										3.4. Laboratory readiness reviewing				Reviewed by							
										<input type="checkbox"/> Provide all services <input type="checkbox"/> Provide some services <input type="checkbox"/> Unable to provide service											
Remark: _____										3.3. Test report due date				Position (_____) Date _____							