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

Request No.

1.1. Name-Address of customer

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: ☐ Thai ☐ English ☐ Thai and English (300 THB additional charge)

Name-Address: ☐ Same as tax invoice details ☐ Other (Specify) _____

Specifying uncertainty, LOD, LOQ values: ☐ Yes (300 THB additional charge) ☐ No

Hard copy reprot delivery: ☐ By hand ☐ Deliver to the address on tax invoice ☐ Deliver to the address on test 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: ☐ DOF activities (Reference number _____) ☐ Internal surveillance ☐ Others _____

Species: ☐ White shrimp ☐ Black tiger shrimp ☐ Giant fresh water prawn ☐ Others _____

Detail: ☐ Whole body (Specify stage) _____ ☐ Organ (specify) _____ ☐ Others _____

Type: ☐ Chilled/ Frozen ☐ Preserved in ethanol ☐ Alive ☐ Others _____

Return of sample: ☐ No ☐ Yes, self-pickup (within 3 months after completing the test report)

Sampling date: _____

Shipping temperature: ☐ Chilled/ Frozen ☐ Room temperature

Delivery method: ☐ By hand ☐ By courier

Sending date: _____

No.	Sample name/code from customer	Method and Test item (Please fill X in the test item box)																						Others
		qPCR								qRT-PCR										PCR				
1		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
2		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
3		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
4		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
5		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
6		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
7		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
8		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
9		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
10		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
11		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												
12		AHPND	EHP	NHP-B						YHV	TSV	IMNV	TPD[a]							TPD[b]				
		IHHNV	WSSV	DIV1						MrNV	XSV	CMNV												

Part 2: For sample receiving officer

2.1. Sample information

Quantity per sample	Condition		Sample condition (for abnormal sample)	Total number of test item(s)
	Normal	Abnormal		

qPCR

AHPND ____ รายการ

EHP ____ รายการ

NHP-B ____ รายการ

IHHNV ____ รายการ

WSSV ____ รายการ

DIV1 ____ รายการ

qRT-PCR

YHV ____ รายการ

TSV ____ รายการ

IMNV ____ รายการ

TPD[a] ____ รายการ

MrNV ____ รายการ

XSV ____ รายการ

CMNV ____ รายการ

PCR

TPD[b] ____ รายการ

อื่น ๆ

TPD[a]: Baishi virus detection

TPD[b]: HLVD detection

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.

For customer

☐ 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.

Signature

(_____)

Date _____

2.2. Payment method

Quotation No.: QT _____

☐ By cash

☐ Transfer via Siam Commercial Bank (SCB) account

Account No.: 418-170352-5

Account name: Aqua Touch Laboratory Co., Ltd

Payment date: _____

2.3. Reviewing by sample receiving officer

☐ Details and sample are correct, complete, and sufficient.

Received by

(_____)

Date _____

Part 3: For officer to review requests and laboratory readiness

3.1. Request reviewing: ☐ Correct-complete according to conditions

☐ Do not meet the conditions (Specify) _____

☐ Refuse to accept samples because _____

3.4. Laboratory readiness reviewing

☐ Provide all services

☐ Provide some services

☐ Unable to provide service

Reviewed by

(_____)

Position (_____)

Date _____

Remark: _____

3.3. Test report due date _____