

<b>Part 1: For customer. (Please fill the blank correctly and completely because it is used as information on test report)</b>								<b>For sample receiving officer only</b>							
<b>1.1. Name-Address of customer</b>								<b>Request No.</b>							
Name: _____				Telephone: _____											
E-mail: _____				LINE ID: _____											
<b>1.2. Name-Address for tax invoice</b>															
Name: _____				Tax ID No.: _____											
Address: _____															
<b>1.3. Test report information</b>															
<b>Language of report:</b> <input type="checkbox"/> Thai <input type="checkbox"/> English <input type="checkbox"/> Thai and English ( 300 THB additional charge)															
<b>Name-Address:</b> <input type="checkbox"/> Same as tax invoice details <input type="checkbox"/> Other (Specify) _____															
<b>Specifying uncertainty, LOD, LOQ values:</b> <input type="checkbox"/> Yes ( 300 THB additional charge) <input type="checkbox"/> No															
<b>Hard copy report delivery:</b> <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															
<b>Report notification:</b> <input type="checkbox"/> LINE <input type="checkbox"/> E-mail															
<b>1.4. Sample details and test items (If there is more than one species or type of sample, please fill out a new form)</b>															
<b>Objective:</b> <input type="checkbox"/> DOF activities (Reference number _____ ) <input type="checkbox"/> Internal surveillance <input type="checkbox"/> Others _____								<b>Sampling date:</b> _____							
<b>Species:</b> <input type="checkbox"/> Carp <input type="checkbox"/> Sea bass <input type="checkbox"/> Grouper <input type="checkbox"/> Others _____								<b>Shipping temperature:</b> <input type="checkbox"/> Chilled/ Frozen <input type="checkbox"/> Room temperature							
<b>Type:</b> <input type="checkbox"/> Chilled/ Frozen <input type="checkbox"/> Preserved in ethanol <input type="checkbox"/> Alive								<b>Delivery method:</b> <input type="checkbox"/> By hand <input type="checkbox"/> By courier							
<b>Return of sample:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, self-pickup (within 3 months after completing the test report)								<b>Sending date:</b> _____							
<b>Part 2: For sample receiving officer</b>															
<b>2.1. Sample information</b>															
No.	Sample name/code from customer	Method and Test item (Please fill X in the test item box)								Quantity per sample	Condition		Sample condition (for abnormal sample)	Total number of test item(s)	
											Normal	Abnormal			
		PCR		RT-PCR	qPCR	qRT-PCR									
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>PCR</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN	KHV _____ item(s)							
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>RT-PCR</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN	RSIV _____ item(s)							
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>qPCR</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN	SVC _____ item(s)							
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>qRT-PCR</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN	MCV _____ item(s)							
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Other(s)</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN	TiLV _____ item(s) VNN _____ item(s)							
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Other(s)</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN								
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Other(s)</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN								
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Other(s)</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN								
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Other(s)</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN								
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Other(s)</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN								
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Other(s)</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN								
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Other(s)</b>	
		KHV	RSIV	SVC	MCV	TiLV	VNN								
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.															
<b>For customer</b>								<b>2.2. Payment method</b>				<b>2.3. Reviewing by sample receiving officer</b>			
<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 _____								Quotation No.: QT _____				<input type="checkbox"/> Details and samples are correct, complete, and sufficient.  <b>Received by</b> _____ ( _____ ) Date _____			
								<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: _____							
<b>Part 3: For officer to review requests and laboratory readiness</b>															
<b>3.1. Request reviewing:</b>								<b>3.4. Laboratory readiness reviewing</b>				<b>Reviewed by</b>			
<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 _____								<input type="checkbox"/> Provide all services <input type="checkbox"/> Provide some services <input type="checkbox"/> Unable to provide service							
<b>Remark:</b>								<b>3.3. Test report due date</b>				Position ( _____ ) Date _____			
_____ _____								_____ _____							