

Analysis Request Form / **Inquiry Form (2)**

Date of entry

SCAS SINGAPORE PTE LTD

Person in charge ; Ms. Teresa Su
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【Town Office】

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Requester Company name Address Position Name Mail Address		TEL () - (Extension) FAX () -
Title (RE;)	Requested date of report issue / /	
Number of test samples	Return of test samples Requested No or Yes	Return of Container Requested No or Yes
If data is attached, is return of data is required by requester ? If so, (what is requested due date ?) Or No		
Information on test sample (History, Structure, Components, etc.)	Form of test sanmple;Solid, Liquid or Gas (Daitails)	
Scheduled shipping date for test sample / /	Instructions for handling (safety, etc.)	
Purpose of analysis (point of special caution and notice)	Analysis conditions (Please fill in if you have special request on the method pretreatment, analytical conditions, etc.)	

	Name of test sample	Number	Analytical Method	Compone nt	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

When the space in the above boxes is not sufficient, please write on separate sheet (any form) and attach it.