




RECORD	SMT-QM-7.1/R-01
CUSTOMER TAKE ON FORM	ISO/IEC 17025:2017 Clause 7.1
	REV No: 05
Compiled By: Quality assurance	Date Approved: 28.01.2020
Approved By: Shirleen Theisinger	Page 1 of 7

DATE:	
--------------	--

CUSTOMER INFORMATION	
Company name:	
Registration number:	
VAT number:	
Postal address:	
Physical address:	

Master Copy

	RECORD	SMT-QM-7.1/R-01
	CUSTOMER TAKE ON FORM	ISO/IEC 17025:2017 Clause 7.1
	Compiled By: Quality assurance	REV No: 05
	Approved By: Shirleen Theisinger	Date Approved: 28.01.2020
		Page 2 of 7

SAMPLING SERVICES:

Contact person (Sampling):	Name: Surname: E-mail: Tel no:
Sampling frequency:	
Sampling arrangements (<i>please tick relevant</i>)	<input type="checkbox"/> Sampling done by client <input type="checkbox"/> Sampling done by SMT LABS <input type="checkbox"/> Sampling done by 3 rd party (independent)
Do you require monthly trending and scheduling at an additional fee?	
Additional sampling notes:	

COURIER SERVICES:

Courier arrangements (<i>please tick relevant</i>)	<input type="checkbox"/> Courier (delivery) arranged by client <input type="checkbox"/> Courier (collection) arranged by SMT LABS
--	--



RECORD	SMT-QM-7.1/R-01
CUSTOMER TAKE ON FORM	ISO/IEC 17025:2017 Clause 7.1
	REV No: 05
Compiled By: Quality assurance	Date Approved: 28.01.2020
Approved By: Shirleen Theisinger	Page 3 of 7

LABORATORY RESULTS:

Contact person (Quality):	Name: Surname: E-mail: Tel no:
List of all e-mail addresses that should receive the final report:	1. 2. 3. 4. 5.
Signature (Quality Manager):	
Do you require notifications when samples are received at the laboratory?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, confirm e-mail address (if different from main e-mail address):	
Do you require preliminary results?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, confirm e-mail address (if different from main e-mail address):	
Do you require notification of confirmation of presumptive positive results? Please refer to our Terms & Conditions (7.7) "Should the sample provided have a presumptive positive result, please note that further tests must be conducted, which shall result in additional costs. This is part of the test method and is not optional."	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify procedure required:	
Do you require "micro alerts" for results out of specification?	<input type="checkbox"/> YES <input type="checkbox"/> NO



RECORD	SMT-QM-7.1/R-01
CUSTOMER TAKE ON FORM	ISO/IEC 17025:2017 Clause 7.1
	REV No: 05
Compiled By: Quality assurance	Date Approved: 28.01.2020
Approved By: Shirleen Theisinger	Page 4 of 7

LABORATORY RESULTS:

Please specify procedure for pathogenic positive results (e.g., enumeration, serotyping):	
Do you require "statement of conformity" on final test report (Pass or Fail)? If yes, please attach specifications.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Confirm "decision rule" to be used: <i>Decision rule definition: Rule that describes how measurement uncertainty (MU) is accounted for when stating conformity with a specified requirement.</i>	<input type="checkbox"/> Do not apply decision rule
	<input type="checkbox"/> Apply decision rule: Statement of conformity as Pass when specification falls within the MU range of result.
	<input type="checkbox"/> Apply decision rule: Statement of conformity as Fail when specification falls within the MU range of result.
	<input type="checkbox"/> Apply decision rule: Customer to decide on statement of conformity (pass or fail)
Quality managers signature	
Do you require separate reports?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify procedure required:	
If yes, do you require telephonic alert? Confirm number:	



RECORD

SMT-QM-7.1/R-01

CUSTOMER TAKE ON FORM

ISO/IEC 17025:2017 Clause 7.1

REV No: 05

Compiled By: Quality assurance

Date Approved: 28.01.2020

Approved By: Shirleen Theisinger

Page 5 of 7

OUTSOURCING SERVICES:

Do you require outsourcing services from SMT LABS?

YES NO


SMT LABS can assist with the following outsourcing – please tick the box that you require:

- Water and food chemical testing
- Pesticides
- Aflatoxins
- Mycotoxins
- Heavy metals
- Serotyping
- Effluent water
- Other

If other, please specify:

Additional outsourcing notes:


Master Copy

	RECORD	SMT-QM-7.1/R-01
	CUSTOMER TAKE ON FORM	ISO/IEC 17025:2017 Clause 7.1
		REV No: 05
	Compiled By: Quality assurance	Date Approved: 28.01.2020
Approved By: Shirleen Theisinger	Page 6 of 7	

INVOICING	
Contact person (Accounts):	Name: Surname: E-mail: Tel no:
Do you require a Purchase Order Number?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify procedure required:	
List of all e-mail addresses that should receive invoices:	1. 2. 3. 4. 5.
Accounts signature:	

Please note:

- All quotes submitted for laboratory activities undertaken, Terms and Conditions (SMT-QM-7.1/R-02) and Non-disclosure agreement (SMT-QM-4.2/R-03) shall form part of this form and represent the formal agreement between SMT LAB PTY LTD and the customer.
- Refer to the SMT LABS (Accreditation no T0678) Schedule of accreditation available on the SANAS website (www.sanas.co.za) to download. Alternatively contact SMT LABS key account manager.

	RECORD	SMT-QM-7.1/R-01
	CUSTOMER TAKE ON FORM	
	ISO/IEC 17025:2017 Clause 7.1	
	REV No: 05	
Compiled By: Quality assurance		Date Approved: 28.01.2020
Approved By: Shirleen Theisinger		Page 7 of 7

<u>SMT LABS OFFICE USE</u>

<u>APPROVAL</u>

Date Document approved:	
Received client documents check list:	Sampling plan Specification Client SLA Additional documents
Key Account Manager:	
Key Account Manager signature:	
Financial Manager signature:	
Quality Manager signature:	

<u>IMPARTIALITY RISK ASSESSMENT</u>
--

Declare relationships that exist between laboratory employees (all) and customer:					
Any new risks identified?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
If No, record reasoning:					
If Yes, reference RI no:					
Reported by:	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Signature:</td> <td style="width: 30%;"></td> <td style="width: 20%;">Date:</td> <td style="width: 20%;"></td> </tr> </table>	Signature:		Date:	
Signature:		Date:			

<u>LIMS IMPLEMENTATION</u>

LIMS Operator:	Signature:		Date:	
Quality manager:	Signature:		Date:	