

Customer Take-On Form 2019

<u>COMPANY INFORMATION</u>	
Company name:	
Registration number:	
VAT number:	
Postal address:	
Physical address:	
Contact person (Quality):	Name: Surname: E-mail: Tel no:
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:	

<u>SENDING OF INVOICES:</u>	
Main e-mail address:	
List of all e-mail addresses that should receive invoices:	1. 2. 3. 4. 5.

<u>SAMPLING SERVICES:</u>	
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)
Sampling frequency:	
Contact person for sampling arrangements:	Name: Surname: E-mail: Tel no:
Additional sampling notes:	

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

<u>OUTSOURCING SERVICES:</u>	
Do you require outsourcing services from SMT LABS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify (type of tests, frequency, specifications):	
Are there any outsource laboratories that you do not prefer? Please specify:	
Additional outsourcing notes:	

<u>LABORATORY RESULTS:</u>	
Main e-mail address:	
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 (<i>if different from main e-mail address</i>):	
Do you require preliminary results?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, confirm e-mail address (<i>if different from main e-mail address</i>):	
Do you require notification of confirmation of presumptive positive results? <i>(Please note that confirmations are not optional, it's a requirement)</i>	<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
If yes, do you require telephonic alert? Confirm number:	
If yes, do you require e-mail alert? Confirm e-mail (<i>if different from main e-mail address</i>):	
Please specify procedure for pathogenic positive results (e.g., enumeration, serotyping):	

<u>LABORATORY RESULTS:</u>	
Do you require "statement of conformity" on final test report?	
If yes, please sign for specifications received and latest edition:	
Do you require separate reports:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify procedure required:	
Do you require further dilutions than specification/ criteria established?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify procedure required:	

<u>ADDITIONAL SERVICES:</u>	
Do you require any management reports (e.g., trending, scheduling)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify:	

<u>APPROVAL</u>	
Registration date:	
Quality Manager:	
Quality Manager signature:	

Note:

- *All quotes submitted for laboratory activities undertaken, Terms and Conditions (SMT-R-54) and Non-disclosure agreement (SMT-R-102) shall form part of this form and represent the formal agreement between SMT LAB PTY LTD and the customer.*

<u>SMT LABS OFFICE USE</u>	
Date document approved:	
Key account Manager:	
Received client documents:	Sampling plan: Specification/Criteria reference no: Client SLA: Additional documentation:
Key account Manager signature:	