
	RECORD	SMT-QM-7.1-R-01-01
	CUSTOMER TAKE ON FORM	ISO/IEC 17025:2017 Clause 7.1
	Compiled By: Quality assurance	REV No: 09
	Approved By: Shirleen Theisinger	Date Approved: 27.05.2022
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<u>CUSTOMER INFORMATION</u>	
Date:	
Company name:	
Registration number:	
VAT number:	
Postal address:	
Physical address:	

Master Copy

Initial Customer: ____

Initial SMT: ____

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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)
If sampling is done by SMT LABS, please provide us with your internal sampling document number, for example ABC-SOP-03 (Sampling Schedule).	Document:
Do you require 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
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CONFIRMATION OF METHODS

Confirmation of suitability of methods to be used (<i>please tick to acknowledge</i>) Alternatively contact SMT LABS key account manager.	<input type="checkbox"/> I hereby acknowledge that I have confirmed that the methods to be used are suitable to meet my test criteria as published on the SANAS website (www.sanas.co.za) SMT LABS (Accreditation no T0678) schedule of accreditation available for download.
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Initial SMT: ____



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CONSULTING SERVICES

Do you have a consultant?

If yes, please provide consultant details below:
Consultant e-mail address:

Consultant company:
Consultant name:
Consultant contact number:

If yes, how do you prefer the communication flow:

- Only the client communicates to SMT LABS.
- Both the client and the consultant communicate to SMT LABS, but the communication from the client overrules the communication from the consultant.
- Both the client and the consultant communicate to SMT LABS, but the communication from the consultant overrules the communication from the client.

Initial Customer: ____

Initial SMT: ____

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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:	
If yes, confirm e-mail address (if different from main e-mail address):	
If yes, do you require telephonic alert? Confirm number:	

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LABORATORY RESULTS

Would you like to be informed of positive pathogens? If yes, specify preferred way of communication and contact details.

Please specify procedure for pathogenic positive results (e.g., enumeration, serotyping):

Please select the outlay of the test report:

- Standard report (No limits or statement of conformity)
- Specifications/Limits only (Please attach limits to be used)
- Specifications/Limits and Statement of conformity (Pass/Fail)

The decision rule (a rule that describes how measurement uncertainty is accounted for when stating conformity with a specified requirement) is the responsibility of the client.

Procedure for decision rule (if statement of conformity is required):

Signature (Quality Manager)

Do you require separate reports?

- YES NO

If yes, please specify procedure required:

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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:

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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 and statements:	1. 2. 3. 4. 5.
Signature (Accounts): Designation:	

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 LABS 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.

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<u>SMT LABS OFFICE USE</u>

<u>APPROVAL</u>	
Document approved by:	
Date Document approved:	
Received client documents check list:	Sampling plan Specification Client SLA Additional documents
Key Account Manager:	
Key Account Manager signature:	
Laboratory at which the client will test (BLN/JHB):	
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:	Signature: _____ Date: _____

<u>LIMS IMPLEMENTATION</u>			
LIMS Operator:	Signature:	Date:	
Quality Manager:	Signature:	Date:	