

Order form MOSH/MOAH – DIETIKON

General Information

*Client Contact Data		*Billing Data	
Company:		PO No.:	
Contact Person:		E-mail:	
E-mail:		Postal Address:	
Phone:		Copy Recipient(s) of Analysis Report	
Postal Address:		E-mail(s):	

*Report language: ☐ German ☐ English

Desired delivery date (please contact us for feasibility):

Test reports and invoices will be sent via e-mail.

*Sample Identification

No	Identification**	Lot ID**	Side/Part to be tested (only Food Contact Materials)	Dimensions, surface-to-volume ratio (only Food Contact Materials)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*compulsory information

** appears on the report

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Test Plan

According to offer no.:	
Contact person at SQTS:	
Contact via:	<input type="checkbox"/> e-mail <input type="checkbox"/> phone <input type="checkbox"/> letter

Parameter if no test plan SQTS (e.g. official offer, e-mail, letter) exists

<input type="checkbox"/> Extraction (only Food Contact Materials)	Special requests:
<input type="checkbox"/> Migration (only Food Contact Materials)	Time/Temp Conditions plus simulant(s)
<input type="checkbox"/> MOSH/MOAH (Screening)	Online-LC/GC-FID
<input type="checkbox"/> MOSH/MOAH (Confirmation)	Online-LC/GC-HRMS
<input type="checkbox"/> MOSH/MOAH (Confirmation)	Online-LC/GCxGC-TOFMS for further differentiation and for French law

Further analyses

Date, Signature:	
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With this order, the customer confirms that the General Terms and Conditions of SQTS shall be regarded as part of the contract between the customer and SQTS (see https://www.sqts.ch/images/downloads/en/general-business-conditions/General_Business_Conditions_SQTS.pdf)