



# Sample Submission Form

PERMULAB SDN. BHD. | Address: A-G-16, Merchant Square @ Tropicana, Jalan Tropicana Selatan 1, PJU3, 47410 Petaling Jaya, Selangor, Malaysia.

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CUSTOMER DETAILS	
Contact Person:	
Email:	
Contact No.:	
Address:	
Purchase Order No.:	
Quotation Ref.:	

REPORTING DETAILS	
Report Attention To:	
Report CC To (Email) :	
Send Invoices To:	
Report Each Sample Separately? <input type="checkbox"/> Yes <input type="checkbox"/> No If multiple samples are listed below, tick yes to receive an individual CoA for each sample.	
SAMPLE DETAILS	PAYMENT DETAILS
Composite Sample: <input type="checkbox"/> Yes <input type="checkbox"/> No  Samples hazardous to health: <input type="checkbox"/> Yes <input type="checkbox"/> No  For return sample, courier fees applies.	Payment : ( ) Terms <input type="checkbox"/> Paid : Cash/Cheque/Credit Card <input type="checkbox"/> Not Paid  <b>Please pay to:</b> <b>PermulaB Sdn Bhd</b> <b>HSBC Bank (105832216101)</b> <b>Email to: <a href="mailto:ar@permulab.com.my">ar@permulab.com.my</a></b>

Sender Signature :
Name : Date: Time:
Received By :
URGENT DETAILS
<input type="checkbox"/> Normal Turn-around-time (TAT) <input type="checkbox"/> Urgent Service (surcharge applies) <b>NOTE:</b> For urgent testing, please contact PermulaB prior to submitting samples to confirm availability
<b>NOTE:</b> We will issue e-certificate and e-invoices. All certificates and invoice will be emailed to designated email address directly from LIMS system.

SAMPLE NAME (Product Name/Sample Marking)	SAMPLE DESCRIPTION (Batch No/Mfg Date/ Exp Date/ Sample Type/Sample Source)	SAMPLED DATE	STORAGE CONDITION	ANALYTICAL REQUIREMENTS (Test Parameters)	SPECS	REMARKS	RETURN SAMPLE