



GMO Testing Service Order Form

Please fill out the form clearly and return it by fax or enclosing with the test sample. Information provided will be used on the test report.

Company Name :	Date :	Quotation No.:
	Contact Person :	
Address :	Tel :	
	Fax :	
	Email :	
Report Language : (*Please check as appropriate) English Traditional Chinese Simplified Chinese		
Report delivery to (name and/or address if different from above):		
Invoice to (name and/or address if different from above):		

Item	Sample Description (e.g. product name, etc)	Quantity / Packing	Other Information (for report purpose)
1.			
2.			
3.			

GMO Testing
<input type="checkbox"/> Qualitative (General Screening including 35S, NOS then RR Bt if positive) <input type="checkbox"/> Quantitative _____ / _____ <input type="checkbox"/> Qualitative (Specific Marker) _____

Sample Storage Condition (please check as appropriate):
<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated (0-4°C) <input type="checkbox"/> Room Temp. <input type="checkbox"/> Other _____
Sample packing (please check as appropriate):
<input type="checkbox"/> in original packing <input type="checkbox"/> in sterile container <input type="checkbox"/> Other _____

Note: All the testing is conducted by Hai Kang Life Corporation Limited

FOR OFFICIAL USE ONLY
Order Form No.:
Sample receive date:
Completion date:
Handled by:

Customer Signature with Company Stamp
Please see attached terms and conditions and sample size instructions

F0305 (12/2007)