



APPLICATION, SAMPLE ADMITTANCE and RETURN FORM

Applier	
Name:	Date:
Company:	Signature:
Address:	Invoice Address:
Tax Office:	Tax Nr:
Phone:	e-mail
Reporting Language	<input type="checkbox"/> Turkish <input type="checkbox"/> English
Report delivery	<input type="checkbox"/> by hand <input type="checkbox"/> mail <input type="checkbox"/> e-mail <input type="checkbox"/> fax
Test and Sample Information	
<input type="checkbox"/> Fungus (MIL-STD-810G-CN 1, Method 508.7 Fungus) Please select the Fungi of choice	
<input type="checkbox"/> US Strains: <i>Aspergillus flavus</i> , <i>Aspergillus versicolor</i> , <i>Penicillium funiculosum</i> , <i>Chaetomium globosum</i> , <i>Aspergillus brasiliensis</i> (<i>Aspergillus niger</i>)	
<input type="checkbox"/> European Strains: <i>Aspergillus brasiliensis</i> (<i>Aspergillus niger</i>), <i>Aspergillus terreus</i> , <i>Paecilomyces variotii</i> , <i>Penicillium funiculosum</i> , <i>Penicillium ochro-chloron</i> , <i>Scopulariopsis brevicaulis</i> , <i>Trichoderma virens</i>	
<input type="checkbox"/> All Strains: <i>Aspergillus flavus</i> , <i>Penicillium funiculosum</i> , <i>Trichoderma virens</i> , <i>Chaetomium globosum</i> , <i>Scopulariopsis brevicaulis</i> , <i>Aspergillus brasiliensis</i> (<i>Aspergillus niger</i>), <i>Aspergillus terreus</i> , <i>Aspergillus versicolor</i> , <i>Paecilomyces variotii</i> , <i>Penicillium ochro-chloron</i>	
<input type="checkbox"/> Additional strains for a test carried out using US Strains (Optional):	
<input type="checkbox"/> <i>Trichoderma virens</i> <input type="checkbox"/> <i>Scopulariopsis brevicaulis</i> <input type="checkbox"/> <i>Aspergillus terreus</i> <input type="checkbox"/> <i>Paecilomyces variotii</i> <input type="checkbox"/> <i>Penicillium ochro-chloron</i>	
<input type="checkbox"/> Fungus Resistance (ASTM G21-15) This test is carried out using the following strains <i>Aspergillus brasiliensis</i> (<i>Aspergillus niger</i>), <i>Penicillium funiculosum</i> , <i>Chaetomium globosum</i> , <i>Trichoderma virens</i> , <i>Aureobasidium pullulans</i>	
<input type="checkbox"/> Antibacterial Activity and Efficacy (Japanese Industrial Standard (JIS) Z 2801:2012) This test is carried out using the following strains: <i>Staphylococcus aureus</i> , <i>Escherichia coli</i> If this test is selected, please choose the decision rule for declaration of compliance (for the details of decision rule, please contact NANObiz) <input type="checkbox"/> false rejection <input type="checkbox"/> false acceptance	
<input type="checkbox"/> Environmental Conditions and Tests for Airborne Equipment Section 13.0 Fungus Resistance (DO-160G) This test is carried out using the following strains: <i>Aspergillus brasiliensis</i> (<i>Aspergillus niger</i>), <i>Aspergillus flavus</i> , <i>Aspergillus versicolor</i> , <i>Penicillium funiculosum</i> , <i>Chaetomium globosum</i>	
<input type="checkbox"/> CBRN Decontamination Materials and Equipment Test (AEP-58 vol II) Please select the strains of choice <input type="checkbox"/> <i>Bacillus subtilis</i> (spor) <input type="checkbox"/> <i>Escherichia coli</i>	
<input type="checkbox"/> MIL-T-18404 (NOrd) Tropical Environment Test This test is carried out using the following strains: <i>Chaetomium globosum</i> , <i>Aspergillus niger</i> , <i>Aspergillus flavus</i> , <i>Penicillium citrinum</i> , <i>Fusarium moniliforme</i>	
Incubation longer than 28 days (with additional charge):	<input type="checkbox"/> No <input type="checkbox"/> Yes: days
Request for replicate sample (with additional charge):	<input type="checkbox"/> No <input type="checkbox"/> Yes: terms to be discussed
Sample Nr:	Sample Storage Conditions (unless stated otherwise samples are kept at room temperature):
Sampling	If sampling information are required to be presented on the test report please fill this part
Sampling Done By:	
Sampling Method:	
If special sample handling is required please define or provide the related document	
Handling:	
If declaration of compliance is required please define the reference document	
Request of sample pre-cleaning (with additional charge):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Return of samples after testing	<input type="checkbox"/> Yes (with additional charge) <input type="checkbox"/> No
Recipient of the returned samples	Signature: _____ Date: _____



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This form is only informative and not binding. Based on the information stated in the form, an offer for the testing will be sent to you.

Sample definitions. Please provide detailed sample information including sample size, weight, type (material, etc.) (If possible please place the samples in separate plastic bags, label with any id you might want to assign on the plastic bags. In case it is not possible to bag the samples, please use a soft pencil for marking). If the space below is not enough, please proceed to the back side of the page.



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Please Do Not Fill This Part

Offer Number:		Recipient	
Consigner/Signature:		Signature:	
Delivery:	<input type="checkbox"/> By Hand <input type="checkbox"/> Mail <input type="checkbox"/> Other	Date:	
Sample Admission:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Reason:)		
Reason for Rejection:			
Recipient of the Rejected Samples:	Signature:	Date:	
Sample Barcode:			