



APPLICATION, SAMPLE ADMITTANCE and RETURN FORM

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.

Customer Information	
Name:	
Company:	
Address:	
Tax Office:	
Phone:	
Date:	
Signature:	
Invoice Address:	
Tax Nr:	
e-mail:	

APPLICATION, SAMPLE ADMITTANCE and RETURN FORM

Tests	A			
<input type="checkbox"/> Fungus (MIL-STD-810H, Method 508.8 Fungus) Please select the strains of choice	*			
<input type="checkbox"/> Basic Strains: <i>Aspergillus flavus</i> , <i>Talaromyces pinophilus</i> (<i>Penicillium funiculosum</i>), <i>Chaetomium globosum</i> , <i>Aspergillus brasiliensis</i> (<i>Aspergillus niger</i>), <i>Trichoderma virens</i>				
<input type="checkbox"/> All Strains: <i>Aspergillus flavus</i> , <i>Talaromyces pinophilus</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>Paecilomyces variotii</i> , <i>Penicillium ochro-chloron</i>				
<input type="checkbox"/> Fungus (MIL-STD-810G-CN1, Method 508.7 Fungus) Please select the strains of choice	*			
<input type="checkbox"/> Basic 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"/> All 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>), <i>Trichoderma virens</i> , <i>Scopulariopsis brevicaulis</i> , <i>Aspergillus terreus</i> , <i>Paecilomyces variotii</i> , <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> Unless a written standard or a declaration of the customer states otherwise below, false acceptance rule will be applied for declaration of compliance (For further details and questions please contact NANObiz)	*			
Please state the document or declaration for decision rule:				
<input type="checkbox"/> Environmental Conditions and Tests for Airborne Equipment Section 13.0 Fungus Resistance (DO160-G Section 13.0) 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"/> Suspension Test for the determination of Decontamination Efficacy on Bacteria and Spores for CBRN decontamination solutions (AEP-58 Vol I - Liquid Test) Please select the strains of choice	**			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Real Agents: <input type="checkbox"/> <i>Bacillus anthracis</i> spores <input type="checkbox"/> <i>Brucella melitensis</i>*** </td> <td style="width: 33%;"> Simulant Agents: <input type="checkbox"/> <i>Bacillus subtilis</i> spores*** <input type="checkbox"/> <i>Escherichia coli</i>*** <input type="checkbox"/> HRP (toxic protein simulant) </td> <td style="width: 33%;"> Further Microorganisms: <input type="checkbox"/> Fungi </td> </tr> </table>	Real Agents: <input type="checkbox"/> <i>Bacillus anthracis</i> spores <input type="checkbox"/> <i>Brucella melitensis</i> ***	Simulant Agents: <input type="checkbox"/> <i>Bacillus subtilis</i> spores*** <input type="checkbox"/> <i>Escherichia coli</i> *** <input type="checkbox"/> HRP (toxic protein simulant)	Further Microorganisms: <input type="checkbox"/> Fungi	
Real Agents: <input type="checkbox"/> <i>Bacillus anthracis</i> spores <input type="checkbox"/> <i>Brucella melitensis</i> ***	Simulant Agents: <input type="checkbox"/> <i>Bacillus subtilis</i> spores*** <input type="checkbox"/> <i>Escherichia coli</i> *** <input type="checkbox"/> HRP (toxic protein simulant)	Further Microorganisms: <input type="checkbox"/> Fungi		
<input type="checkbox"/> Tropical Environment Test [MIL-T-18404 (NOrd)] 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>Memnoniella echinate</i> This test is carried out according to MIL-T-18404 (NOrd) . However, the stated standard does not define any controls. Therefore the controls are carried out according to MIL-STD-810H, Method 508.8 Fungus standard	*			
* defines tests accredited for all parameters. ** defines tests accredited for parameters marked with ***.				



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Sample Nr:	
Sample Storage Conditions (unless stated otherwise samples are kept at room temperature):	
Sample Definitions. Please provide detailed sample information including sample size, weight, type (material, etc.) The sample names provided here will be used in the report (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.	
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:	



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Tests – Additional Requirements		
Incubation longer than standard requirements (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
Request of sample pre-cleaning (with additional charge):	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Return of samples after testing	<input type="checkbox"/> No	<input type="checkbox"/> Yes (with additional charge)

Tests – Additional Requirements	
Report Content	<input type="checkbox"/> Combined report for all samples <input type="checkbox"/> Single report for each sample
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
If declaration of compliance is required please define the reference document	

Please Do Not Fill This Part		
Offer Number:		Recipient Signature: Date:
Consigner/Signature:		
Delivery:	<input type="checkbox"/> By Hand <input type="checkbox"/> Mail <input type="checkbox"/> Other	
Sample Admission:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (Reason: _____)	
Reason for Rejection:		
Recipient of the Rejected Samples:	Signature:	Date:
Sample Barcode:		