MIKRO KEMI AB

ANALYSIS ASSIGNMENT

Date of arrival:

Customer

Company:…….

Tel:…….....

Address:……..

Fax:……..

…….

Contact:…….....

E-mail:…….

Analysis on sample .....

Notification by phone ☐ Notification by mail ☐ Notification by fax ☐ Sample in return ☐

Sample name	Analysis wanted	Method	Storage (fridge, freezer, RT)	Reg.no. (MK)

Other information……....

…….....

…….....

Date and signature from customer…….....

Address
Box 15 018
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SWEDEN

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