

NOVAX Material Testing Laboratory Test Application Form

	Nam	ne of Client:			Contact Per	rson:	
	Add	ress:					
Commissioned	Tel:			Fax :			
Info &	E-ma	E-mail:					
Report Title	Report Title: 🔄 Ibid Commissioned 🔄 Ibid INV Info 🔄 Other:						
	Rep	ort Address: 🗌 Ibid Commission					
	Paper report Address : Dibid Commissioned Dother :						
	Ibid Commissioned (Skip to next) Other(Fill below info)						
	(Full payment is required for the first transaction)						
Invoice Info	INV Title : Contact Person :						
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	E-ma	ail:		ſ			
	1.Na	ame:		2.Batch No:			
	3. N	lanufacturing Date:	4. Quantity:	B	Bag_Bottle_Barrel		
	5. Volume:			6. Delivery Way	: Person	al delivery Posted	
		ample Processing: Not Returne					
Sample Info	-	ight will borne by customer if rec rned)	uest returned sa	mple , If no sele	cted, will de	eemed not to be	
		elow Filled by Nova Material					
	Received Status: Leakage Complete			Received Volume : KG L			
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		Testing items	Testing method		Testing	Testing method	
		Testing items Urea concentration & refractive	Testing method		Testing Aldehvdes	Testing method	
		Urea concentration & refractive	ISO22241:2006		Aldehydes	ISO22241:2019 Annex F	
Testing items		_	-			-	
Testing items		Urea concentration & refractive index	ISO22241:2006 Annex C		Aldehydes Insoluble	ISO22241:2019 Annex F ISO22241:2019 Annex G	
Testing items		Urea concentration & refractive index Alkalinity as NH3	ISO22241:2006 Annex C ISO22241:2019		Aldehydes Insoluble Phosphate	ISO22241:2019 Annex F ISO22241:2019 Annex G ISO22241:2019 Annex H	
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	Testing items	Sample Request	Testing Price (USD)	
Urea concentration & refractive index		50 mL	\$ 90	
Alkalinity as NH3		50 mL	\$ 60	
Biuret		150 mL	\$ 100	
	Aldehydes	50 mL	\$ 100	
Insoluble matter		400 mL	\$ 40	
Phosphate(PO4)		200 mL	\$ 100	
Heavy metal		100 mL	\$ 220	
Contract review (sig	gned by NOVAX Material Testing Labo	ratory/Date): Principal ID	The laboratory confirms	
Received Date		Principal ID		
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