

Sample order form

Dry matter determination biogas



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Will be filled out by the laboratory

Sample receipt

Client		Results via:	post ² <input type="checkbox"/>	<i>Results additionally as Excel-file</i> <input type="checkbox"/>	
Client-No.:		Invoice to (if different to client):			
Name/Company ¹ :					
Contact person:		Copy of results to:			
Street ¹ :		Name:			
Zip code / City ¹ :					
Tel.:					
email ¹ :		email:			
Regional supervisor:		Price list:		Project:	Offer-No:
Supervisor:		Sample taker:		Sampling date:	Sampling price:

The above mentioned laboratory is commissioned to examine the following samples for the specific parameters. **Unless otherwise agreed, the valid standard price lists apply**. The invoice recipient receives the report. The client agrees to this. The general terms and conditions apply **GTCs** (<https://www.agrolab.com/en/gtc.html>).
Only the sample names on the protocol are taken into account for the test report!
 The sampler shall not be liable for damage caused by sampling. The client confirms proper sampling and resealing of the silos. Improper or non-standard sampling and/or transport can influence the test results.
 1) Mandatory | 2) please tick (for a fee): Results and invoice are otherwise sent by email.
 * DM = dry matter; oDM = organic dry matter

Analysis order:

plant origin plant **AND** animal origin *(Internal laboratory area compost)*

Sample name	Sampling date	DM*	DM/oDM*	Barcode
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Location / Date _____

Signatur client _____

Signatur sample taker _____

Sampling protocol / Analysis order

Dry matter determination biogas

Name/company:				
Sample name	Sampling date	DM*	DM/oDM*	Barcode
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Location / Date _____

Signatur client _____

Signatur sample taker _____