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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANNEX TO THE REQUEST FOR TESTING: 3H** | | | | | | | | | | | | | | | |
| **Note to the customer:**  The form can be filled either electronically or manually and can be sent either by an electronic or ordinary mail to the addresses given in the form header. Fields marked by a square sign (■) are mandatory.  Together with this form, it is necessary to submit a purchase order or an official letter containing at least the name, address, and the VAT number of the customer, total number of the test items, i.e. samples, the identification and/or description and/or type of the sample(s), and the type of the requested testing.  Please, read the General terms at the end of this document! | | | | | | | | | | | | | | | |
| **Data to be filled by the laboratory** | | | | | | | | | | | | | | | |
| Laboratory description and/or identification of a series: | | | | | | | | | |  | | | | Number of samples in the series: |  |
| Laboratory identification of the test item(s)\*: | | | | | | | | | |  | | | | | |
| Laboratory description of the test item(s)\*: | | | | |  | | | | | | | | | | |
| Date and/or identification of the purchase order or the official letter: | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | |
| **Data to be filled by the customer (to the end of the form)** | | | | | | | | | | | | | | | |
| **Data about the customer and the request for testing** | | | | | | | | | | | | | | | |
| Name of the customer■: | | | | | | | | |  | | | | | | |
| Address of the customer■: | | | | | | | | |  | | | | | | |
| Address for sending the test report (if different from the address of the customer): | | | | | | | | | | |  | | | | |
| Address for sending the invoice (if different from the address of customer and/or address for sending the test report): | | | | | | | | | | |  | | | | |
| Name and surname of the contact person■: | | | | | | | | | | |  | | | | |
| Telephone number, mobile phone number and/or e-mail address of the contact person■: | | | | | | | | | | |  | | | | |
| Telefax number: | | |  | | | | | | | | | | | | |
| Requested type of testing■\*\*: | | | Determination of activity concentration of 3H\*\*\*  Direct determination  Electrolytic enrichment | | | | | | | | | | | | |
| **Data about the sample** | | | | | | | | | | | | | | | |
| **General data** | | | | | | | | | | | | | | | |
| Description and/or identification of a series: | | | | | | | |  | | | | | | | |
| Identification, description and/or type of the sample(s)■\*: | | |  | | | | | | | | | | | | |
| Volume of the delivered sample(s)\*: | | | | | |  | | | | | | | | | |
| **Type of sample** | | | | | | | | | | | | | | | |
| Type of sample■:  Groundwater  Surface water  Precipitation  Sea water  Mineral water  Tap water  Waste water | | | | | | | | | | | | | | | |
| Other: |  | | | | | | | | | | | | | | |
| Additional data about the sample(s)\*: | | | | | | |  | | | | | | | | |
| **Characteristics of the sample** | | | | | | | | | | | | | | | |
| Chemical composition (if known): | | |  | | | | | | | | | | | | |
| **Other data** | | | | | | | | | | | | | | | |
| Sampling date■: | | | |  | | | | | | | | | | | |
| Reference date (if different from the sampling date): | | | | | | | | | | | |  | | | |
| Remarks, additional information: | |  | | | | | | | | | | | | | |

\* In case of more samples from the same series, write down the ordinal number for each sample before the record about the test item, i.e. sample. The same ordinal number refers to the same sample in the whole form.; \*\* If different types of testing are requested for different samples, the requested type of testing should be specified for each sample individually in the “Remarks, additional information” cell.; \*\*\* Check one of the options given in the line below (Direct determination or Electrolytic enrichment).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | Sender's signature: |
|  |  |  |  |  |
| Place: |  | Date: |  |  |

**General terms**

When publishing the test results, the customer is obligated to state that the tests have been performed in the Laboratory for low-level radioactivities of the Ruđer Bošković Institute, Zagreb, Croatia.

The Ruđer Bošković Institute, nor any of its employees or representatives, is not responsible for any further use of test results, as well as for the consequences that might occur as a result of their use.

Name of the Ruđer Bošković Institute may be used by the third parties in promotional and similar purposes in the media, brochures, internet sites etc. only with the written permission of the Institute.

The Ruđer Bošković Institute, nor any of its employees or representatives, is not responsible for sampling performed by the customer or its assignee.