



**Order form - Environment/ Food/ Consumer goods/ Pharmaceuticals**  
 (Please complete this form)

(Please put it to the sample)

**Your GBA Project Manager/ Key Account, when you know the name:**

First & Last Name: \_\_\_\_\_

GBA-Location: \_\_\_\_\_  
 (Please look after the right address)

|  |  |
|--|--|
| <b>Delivery Address</b>  |  |
| <b>Client</b>  |  |
| Company  |  |
| Order No.  |  |
| Customer ID  |  |
| Contact person   |  |
| Street   |  |
| Postal Code/ City  |  |
| Country  |  |
| Phone  |  |
| Fax  |  |
| E-Mail   |  |
| Website  |  |
| VAT-No. (in EU)  |  |
| Contact person   |  |
| Phone directly   |  |
| E-Mail directly  |  |
| <b>Sender of sample</b> (when another than the Delivery Address) |  |
| Company  |  |
| Contact person   |  |
| Street   |  |
| Postal Code/ City  |  |
| Country  |  |
| Phone  |  |
| Fax  |  |
| E-Mail   |  |
| Contact person   |  |
| Phone directly   |  |

|  |  |
|--|--|
| <b>Laboratory report ex ante</b>   |  |
| Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Post/ Mail <input type="checkbox"/>         |  |
| Language of report: English <input type="checkbox"/> German <input type="checkbox"/>                     |  |
| <b>Receiver of report</b><br>(when another than the Delivery Address or a copy of report should be send) |  |
| Company  |  |
| Order No.  |  |
| Customer ID  |  |
| Contact person   |  |
| Street   |  |
| Postal Code/ City  |  |
| Country  |  |
| Phone  |  |
| Fax  |  |
| E-Mail   |  |
| <b>Invoice Address</b><br>(when another than the Delivery Address)                                       |  |
| Company  |  |
| Order No.  |  |
| Customer ID  |  |
| Contact person   |  |
| Street   |  |
| Postal Code/ City  |  |
| Country  |  |
| Phone  |  |
| Fax  |  |
| E-Mail   |  |

|   |                             |
|---|-----------------------------|
| <p><b>Delivery time of results:</b></p> <p><input type="checkbox"/> Standard <input type="checkbox"/> Express – Your instruction:</p> | <p>at the latest: _____</p> |
|---|-----------------------------|

Date:.....

Signature (client):.....

Applying to the business conditions of the GBA Gesellschaft für Bioanalytik Hamburg mbH

