

# DMG MICROLABS

## REQUEST FORM


Date: \_\_\_\_\_  
Client Purchase \_\_\_\_\_ DMG Quote No: \_\_\_\_\_  
Order \_\_\_\_\_  
Send Report to Attention of: \_\_\_\_\_  
Client Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Send Invoice to: (if different from  
above) \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Tests that are outside the scope of DMG Microlabs will be subcontracted to our consultant laboratories. Your signature on this form is taken as acceptance of this condition.

SAMPLE DESCRIPTION	TEST REQUIRED

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Authorised Person: \_\_\_\_\_ Sign: \_\_\_\_\_

 <b>Accreditation</b> <b>No.: 14944</b>	1/21 Smallwood Place, Murarrie. QLD. 4172 Phone: 07 3902 0575 Fax: 07 3395 7275 ABN: 19 001 207 166	PO Box 3410 TINGALPA DC Qld 4173 Australia Email: <a href="mailto:admin@dmgmicrolabs.com.au">admin@dmgmicrolabs.com.au</a> Web : <a href="http://www.dmgmicrolabs.com.au">www.dmgmicrolabs.com.au</a>
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