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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **MÜŞTERİ BİLGİLERİ** | | | | | | | | **Müşteri Kodu/Adı** |  | | | | | | | **Talep/Teklif Tarihi** |  | | **Talep/Teklif No** | |  | | | **Müşteri Adresi** |  | | | | | | | **Müşteri V. D ve V. No** |  | | | | | | | **TALEP EDİLEN TEST BİLGİLERİ** | | | | | | | | **Metod Referansı** |  | | | | | | | **Testin Amacı:** |  | | | | | | | **NUMUNE BİLGİLERİ** | | | | | | | | Ürün/Cihazın Adı |  | | | | | | | Ürün/Cihazın Kullanım Alanı ve Amacı |  | | | | | | | Vücutla Teması | Direkt Temas □ Dolaylı Temas □ | | | | | | | Temas Süresi | <24 saat 24 saat 30 gün >30 gün | | | | | | | Numune Lot ve Ref. Numarası |  | | | | | | | Ürünün Fiziksel/Kimyasal Özellikleri |  | | | | | | | Ürün/Cihazın teste girecek olan parçası/bölümü |  | | | | | | | Üretim Tarihi Son Kullanım Tarihi |  | | | | | | | Ürünün/Cihazın Ambalajlı ve ambalajsız görseli |  | | | | | | | Numune Sayısı |  | | | | | | | **RAPOR BİLGİLERİ** | | | | | | | | **Türkçe Rapor** | **İngilizce Rapor** | **Ürün Görseli Kullanma** | | | | | |  |  |  | | | | | | **ÖNEMLİ NOT: Test Raporlarının iletilmesi; Etik Kurul onayı, Testin gerçekleştirilmesi ve Onaylanması süreçleri ile birlikte minimum 2-3 ay sürmektedir.** | | | | | | | | **FİYAT TEKLİFİ** | | | | | | | | **Test Adı** | | | | **Standart No** | | **Test Ücreti** | | □Deri İrritasyon Testi (Kişisel Koruyucu Ekipmanlar) | | | | TS EN 10993-10 | |  | | □Sitotoksisite testi (Kişisel Koruyucu Ekipmanlar) | | | | TS EN ISO 10993-5 | |  | | □Sensitizasyon Testi (Kişisel Koruyucu Ekipmanlar) | | | | TS EN 10993-10 | |  | | □Kas İçi İmplantasyon (1-6 hafta) | | | | TS EN 10993-6 | |  | | □Kas İçi İmplantasyon (12 hafta) | | | | TS EN 10993-6 | |  | | □Kemik İçi İmplantasyon (1-6 hafta) | | | | TS EN 10993-6 | |  | | □Kemik İçi İmplantasyon Testi (7-12 hafta) | | | | TS EN 10993-6 | |  | | □Deri Altı İmplantasyon Testi | | | | TS EN 10993-6 | |  | | □Akut Sistemik Toksisite Testi | | | | TS EN 10993-11 | |  | | □Subakut Sistemik Toksisite Testi | | | | TS EN 10993-11 | |  | | □Subkronik Sistemik Toksisite Testi | | | | TS EN 10993-11 | |  | | □Genotoksisite Testi (In Vitro Mikronukleus Testi) | | | | OECD 487 | |  | | □Genotoksisite Testi (Ames Testi) | | | | OECD 471 | |  | | □Hemolitik Etki Testi | | | | TS EN 10993-14 | |  | | □Pirojenite Testi | | | | TS EN ISO 10993-11 | |  | | □Vajinal İrritasyon Testi | | | | TS EN ISO 10993-10 | |  | | □Oral Mukoza İrritasyon Testi | | | | TS EN ISO 10993-10 | |  | | □In Vivo Akut Göz İrritasyon | | | | TS EN ISO 10993-10 | |  | | **TEST FİYATI** |  | | | | | | | **TOPLAM TEST FİYATI (%18 KDV dahil)** |  | | | | | | | **İNGİLİZCE RAPOR ÜCRETİ** | **250 TL** | | | | | | | **ACİL ANALİZ TALEBİ** | (EVET ise Lütfen teyit alınız. Acil analiz istendiği takdirde %50 fiyat farkı uygulanmaktadır.) | | | | | | |  | Test Öncesinde Tutarın %75’si Hesaba yatırılır. | | | | | | | **ÖDEME BİLGİLERİ** | |  |  |  | | --- | --- | --- | | **Hesap adı (TL Hesabı)** | **Banka** | **IBAN NO** | | EuroGap Uluslararası Standart Sertifikasyon Enstitüsü Limited Şirketi | VAKIFBANK | TR83 0001 5001 5800 7309 4239 42 | | | | | | | |  | | | | | | | | **HİZMET ŞARTLARI** | | | | | | | | Başvuru formu tam ve eksiksiz doldurulmalıdır.  Test talep formunda talep edilen testlere ve belirtilen bilgilere ilave/eksiltme/düzeltme istekleri, laboratuvar test işlemine başlamadan önce ve yazılı olarak yapılır.  Test talep formu üzerinde başvuran firmanın ıslak kaşe ve yetkili imzası olmak zorundadır. Hatalı kaşe ve imza sorumluluğu müşteriye aittir.  Eksik bilgi içeren ve numunesi yetersiz talepler için test işlemine başlanmaz. Eksik bilgi ve/veya numunenin tamamlandığı gün, laboratuvarımızda ilgili talep için birinci iș günü kabul edilir.  Bilgi eksikliği, numune yetersizliği veya ödeme bekleme durumları nedeniyle işleme alınamamış numuneler en fazla 1 hafta tarafımızda muhafaza edilir. Bu süre içinde işleme alınamamış veya başvuran tarafından geri alınmamış numunelerin sorumluluğu tarafımıza ait değildir.  Testlerin başvuran tarafından iptali aynı gün içinde yapılmalıdır.  Aksi için yapılmış bir anlaşma yok ise, raporlar sadece 1 kez basılarak teslim edilir. İlave orjinal rapor talepleri için ek ücret uygulanır.  Fatura muhatabının, başvuran firmadan farklı olması durumunda, test talep formunda fatura muhatabının ıslak kaşe ve yetkili imzası olmak zorundadır. | | | | | | | | **ONAYLAR** | | | | | | | | **Müşteri Onayı** | | **Laboratuvar Onayı** | | | | | | Firma Yetkilisi/Tarih/İmza | |  | | | | | | | |
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