



TEST SUBMISSION FORM

OFFICE USE ONLY

PLEASE COMPLETE ALL SECTIONS AS ANY INCOMPLETE FORMS MAY RESULT IN DELAYS TO YOUR WORK.

1. YOUR DETAILS

ACCOUNT NUMBER:	
COMPANY NAME:	
CONTACT NAME:	
TEL NO:	
EMAIL: (TO SEND RESULTS TO)	
TO BE INVOICED TO: (IF DIFFERENT FROM APPLICANT)	COMPANY NAME:
	COMPANY ADDRESS:
	CONTACT NAME:
	CONTACT EMAIL:
TO BE DELIVERED TO: (IF DIFFERENT FROM APPLICANT)	COMPANY NAME:
	COMPANY ADDRESS:
	CONTACT NAME:
	CONTACT EMAIL:

2. JOB DETAILS

ALL TEST SPECIFIC RESULTS WILL BE ON ONE REPORT UNLESS REQUESTED: ONE SAMPLE PER REPORT

SAMPLES ARE DISPOSED OF 7 DAYS AFTER THE REPORT HAS BEEN RELEASED UNLESS RETURN OF SAMPLE IS REQUESTED: RETURN OF SAMPLE FEE £2.00*

*ITEMS RETURNED VIA SPECIAL DELIVERY WILL INCUR ADDITIONAL POSTAL CHARGES

NO HARD COPY OF REPORT PRODUCED UNLESS REQUESTED: HARD COPY REPORT FEE £1.50 PER REPORT

AMENDMENTS TO REPORTS AFTER FIRST ISSUE WILL BE SUBJECT TO A £7.00 ADMINISTRATION FEE.

3. PAYMENT METHOD (please tick one)

PLEASE DEBIT MY CREDIT ACCOUNT: <small>Not available with first order</small>	<input type="checkbox"/>	CREDIT/DEBIT CARD	<input type="checkbox"/>	CASH	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>	BACS / CHAPS	<input type="checkbox"/>
		<small>Also indicate: Use card on file <input type="checkbox"/> Call for card details <input type="checkbox"/></small>			<small>Made payable to Assay Office Birmingham</small>				

NOTE: SAMPLES AND RESULTS WILL NOT BE RELEASED UNLESS PRE-PAID OR ON ACCOUNT WHICH IS WITHIN ITS CREDIT LIMIT.

PLEASE COMPLETE THE INFORMATION OPPOSITE WITH YOUR SAMPLE REFERENCE NUMBERS AND REQUIRED ANALYSIS AND HAND THIS FORM INTO CUSTOMER SERVICES WITH YOUR SAMPLE. IF YOU PREFER, YOU CAN POST THE FORM TO US AT THE ADDRESS AT THE TOP OF THE PAGE.

I CONFIRM I ACCEPT THE TERMS & CONDITIONS OF SALE AS SUPPLIED

CUSTOMER SIGNATURE: PRINT: DATE:

RECEIVED BY ANCHORCERT ANALYTICAL REPRESENTATIVE: PRINT: DATE:

FOR HAND DELIVERED ITEMS - BARCODE RECEIPT TO BE PLACED HERE

PURCHASE ORDER NUMBER: (THIS WILL APPEAR ON YOUR INVOICE)		RETAILER:
SAMPLE REFERENCE NUMBER(S): (THIS/THESE WILL APPEAR ON YOUR REPORT)		

TEST REQUIREMENTS (PLEASE TICK ALL APPROPRIATE) ONE SAMPLE REQUIRED PER TEST

PRODUCT SAFETY TESTING		QUALITY ASSURANCE TESTING	
Nickel Release - Quick Test based on EN12472 2011 + A1 2015	<input type="checkbox"/>	Plating Thickness - Destructive Test*	<input type="checkbox"/>
Nickel Release - European (REACH) Full Test EN12472 2011 + A1 2015	<input type="checkbox"/>	Plating Thickness - XRF*	<input type="checkbox"/>
Lead Content - European (REACH) Reference Test	<input type="checkbox"/>	Plating Wear	<input type="checkbox"/>
Lead Content - European (REACH) Quick Test	<input type="checkbox"/>		
Lead Content - CPSC (USA)	<input type="checkbox"/>		
Lead Content - Prop 65 Adults (California)	<input type="checkbox"/>		
Cadmium Content - European (REACH) Reference Test	<input type="checkbox"/>		
Cadmium Content - European (REACH) Quick Test	<input type="checkbox"/>		
Crystal Glass - Combined Lead & Crystal Compliance Test	<input type="checkbox"/>		
Crystal Glass - Full Crystal Identification Test	<input type="checkbox"/>		
MULTI TERRITORY TEST FOR LEAD/CADMIUM (tick Region/Test required)			
REACH (EU)	<input type="checkbox"/>		
CPSIA (Children, USA)	<input type="checkbox"/>		
Jewellery Metal Containing Law - Prop. 65 (Adults, California)	<input type="checkbox"/>		
Jewellery Metal Containing Law - Prop. 65 (Children, California)	<input type="checkbox"/>		
CCPSA (CONTENT test - Children, Canada)	<input type="checkbox"/>		
CCPSA (RELEASE test - Children, Canada)* *ONLY REQUIRED IF CCPSA CONTENT SHOULD FAIL	<input type="checkbox"/>		
LEAD IN CONSUMER ARTICLES (REACH)			
Lead - Content	<input type="checkbox"/>		
Lead Release (if content fails)	<input type="checkbox"/>		
RoHS	<input type="checkbox"/>		
Packaging Waste Directive 94/62/EC: Article 11	<input type="checkbox"/>		

* PLEASE PROVIDE PLATING SPEC OR IT WILL INCUR EXTRA CHARGES

SPECIAL INSTRUCTIONS: