



Order for chemical analysis of fruit and vegetable
Please fill out legible!

Mandatory fields have to be completed. (Input in the i-monitoring-Database otherwise not possible)

<input checked="" type="checkbox"/> assigned laboratory:																	
<input checked="" type="checkbox"/> customer:																	
<input checked="" type="checkbox"/> sender (storage):																	
<input checked="" type="checkbox"/> sampler (name):																	
<input checked="" type="checkbox"/> date:																	
specifications of the sample/identification – please enclose label/package:																	
<input checked="" type="checkbox"/> product:																	
article description: (on package/label/delivery order e. g. species, grade of goods, size, etc.)																	
<input checked="" type="checkbox"/> Lot No.:																	
<input checked="" type="checkbox"/> Private Brand: Please mark the appropriate box with an x	<table border="0"> <tr> <td>Rio Grande</td> <td><input type="checkbox"/></td> <td>Gärtners Beste</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bio Wertkost</td> <td><input type="checkbox"/></td> <td>Yacaran</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Schlemmerküche</td> <td><input type="checkbox"/></td> <td>Bauers Beste</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unsere Heimat</td> <td><input type="checkbox"/></td> <td>no private brand</td> <td><input type="checkbox"/></td> </tr> </table>	Rio Grande	<input type="checkbox"/>	Gärtners Beste	<input type="checkbox"/>	Bio Wertkost	<input type="checkbox"/>	Yacaran	<input type="checkbox"/>	Schlemmerküche	<input type="checkbox"/>	Bauers Beste	<input type="checkbox"/>	Unsere Heimat	<input type="checkbox"/>	no private brand	<input type="checkbox"/>
Rio Grande	<input type="checkbox"/>	Gärtners Beste	<input type="checkbox"/>														
Bio Wertkost	<input type="checkbox"/>	Yacaran	<input type="checkbox"/>														
Schlemmerküche	<input type="checkbox"/>	Bauers Beste	<input type="checkbox"/>														
Unsere Heimat	<input type="checkbox"/>	no private brand	<input type="checkbox"/>														
other brands:																	
<input checked="" type="checkbox"/> country of origin:																	
<input checked="" type="checkbox"/> supplier:																	
<input checked="" type="checkbox"/> supplier No. (ILN/GLN):																	
<input checked="" type="checkbox"/> manufacturer/producer:																	
Field code number:																	
<input checked="" type="checkbox"/> package (loose goods/ open package/ consumer package):																	
<input checked="" type="checkbox"/> item No.:																	
recipient of goods:																	
<input checked="" type="checkbox"/> delivery area:																	

date

stamp/signature