

Name and Code	Quantity	Samples requested for trial service (Please specify)
		<input type="checkbox"/> Zinc <input type="checkbox"/> Copper <input type="checkbox"/> Chromium <input type="checkbox"/> LEAD <input type="checkbox"/> Arsenic <input type="checkbox"/> Cadmium <input type="checkbox"/> Manganese <input type="checkbox"/> OM <input type="checkbox"/> EC <input type="checkbox"/> Avail. P <input type="checkbox"/> Exchange. K <input type="checkbox"/> Exchange. Ca <input type="checkbox"/> Exchange. Mg <input type="checkbox"/> Exchange. Na <input type="checkbox"/> %BS <input type="checkbox"/> CEC <input type="checkbox"/> pH <input type="checkbox"/> Extract. Fe <input type="checkbox"/> Extract. Cu <input type="checkbox"/> Extract. Mn <input type="checkbox"/> Extract Zn <input type="checkbox"/> Fertiliser size <input type="checkbox"/> Moisture <input type="checkbox"/> Pebbles <input type="checkbox"/> Other contamination <input type="checkbox"/> Total N <input type="checkbox"/> P ₂ O ₅ <input type="checkbox"/> K ₂ O <input type="checkbox"/> C/N ratio <input type="checkbox"/> Completely decomposed <input type="checkbox"/> Sodium <input type="checkbox"/> Micro Organism <input type="checkbox"/> Lactic Bacteria <input type="checkbox"/> Bacillus <input type="checkbox"/> N ₂ -fixers <input type="checkbox"/> Fluorescent psedomonads <input type="checkbox"/> Others.....
<input type="checkbox"/> Report in Thai _____ copy(ies) <input type="checkbox"/> Report in English _____ copy(ies) <input type="checkbox"/> No report necessary <input type="checkbox"/> Samples are to be retrieved 30 days after report issued <input type="checkbox"/> Samples are not to be retrieved <input type="checkbox"/> Agree for subcontracting of test with _____ <input type="checkbox"/> Reject any further subcontracting of test <input type="checkbox"/> Additional documents attached <p style="text-align: center;">I agree to pay for the service under terms of TISTR</p> Client's Signature <div style="text-align: center;">()</div>		<p style="text-align: right;">For Official Use Only</p> Samples Condition <input type="checkbox"/> Normal..... <input type="checkbox"/> Others (please specify) Approximate due date..... Service charge.....THB Signature..... <div style="text-align: center;">()</div> <p style="text-align: center;">Responsible person (staff)</p> <p>Note: More details can be added at the back of the form</p>
<div style="display: flex; justify-content: space-between;"> Revision No. 3 Issue Date 16th February 2017 FM-IAG-WI-02-02 </div>		