

No. InnoFood\_\_\_\_/\_\_\_\_

(Year \_\_\_\_/No.\_\_\_\_)

InnoFood Code\_\_\_\_\_

**Thailand Institute of Scientific and Technological Research**

**(Expert Centre of Innovative Health Food)**

**Services Request Form**

**Due date**

Date /Month/Year\_\_\_\_\_

To. Director of Expert Centre of Innovative Health Food

I am \_\_\_\_\_ from \_\_\_\_\_,

holds the position of \_\_\_\_\_, My contact details are: Street No. \_\_\_\_\_

Road \_\_\_\_\_ District \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. \_\_\_\_\_ Ext \_\_\_\_\_

I would like to request for  Testing services  Analysis services  Other services  
\_\_\_\_\_ from Thailand Institute of Scientific and Technological  
Research for \_\_\_\_\_. The request lists are as follows:

Name and Sample code	Amount	Request details

I would like the results in  Thai  English. Approximate price \_\_\_\_\_ Baht

I agree to pay for the services according to regulations of Thailand Institute of Scientific and Technological Research.

No need to return the sample.  I would like the sample to be returned within 30 days after receiving the results report. If the samples are damaged or nonfunctional, I will not request for compensation.

I declared that all above details are correct.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

( \_\_\_\_\_ )

( \_\_\_\_\_ )

Customer

Responsible person (staff)

The revision of services request form No. InnoFood \_\_\_\_/\_\_\_\_ Date/ Month/Year \_\_\_\_\_ (Please see the attached)



TISTR

Expert Centre of Innovative Health Food

Customer Contact Log

<b>To: Director of Expert Centre of Innovative Health Food</b> Responsible person (staff) _____	Date/ Month/Year _____ Position _____ (InnoFood)
Contact person _____ Position _____ Tel. _____ Fax _____ <input type="checkbox"/> By phone <input type="checkbox"/> In person	Contact address _____ Email _____
<b>Contact Detail :</b>	<b>Number of Contact</b> _____
<b>Contact Result:</b>	

THAILAND INSTITUTE OF SCIENTIC AND TECHNOLOGICAL RESEARCH (TISTR)

Customer Feedback Form

**Objective:** Please help us evaluate our services by completing this short survey. We will use your feedback to determine how we can improve our services. Thank you for your time. Please return completed form to:

THAILAND INSTITUTE OF SCIENTIC AND TECHNOLOGICAL RESEARCH (TISTR)  
35 Mu 3 Technopolis Tambon Klong 5 Amphoe Klonglung Phatumthani 12120

Fax 02 577 9009 Email tistr@tistr.or.th

**Organisation details:**

Date \_\_\_\_\_  
Name \_\_\_\_\_ Surname \_\_\_\_\_ Position \_\_\_\_\_  
Organisation Name \_\_\_\_\_  
Adress \_\_\_\_\_  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Type of Service \_\_\_\_\_

(Please complete this section by ticking against your desired choice)

Details	Very Good	Good	Fair	Poor	Very Poor
1. A complete report serves a specific purpose within an organization.					
2. Punctuality					
3. Courteous and friendly					
4. Knowledgeable					
5. Overall satisfaction					

How often do you use our service?  First time  1-2 times  3-5 times  6-10 times  
 More than 10 times

Would you recommend our services to a friend or colleague? Yes  No

Because \_\_\_\_\_

What did you like about our service? \_\_\_\_\_

What did you dislike about our service? \_\_\_\_\_

Suggestion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_