Toray Research Center, Inc. To Sales Manager:

**Analysis / Research Form (Request for Work / Quotation)**

↑Circle request type

Requested by:

Requeste Date (DD/MM/YY) : / /

Date specimen sent (DD/MM/YY) : / /

Desired completion date\*(DD/MM/YY) : / /

(Preliminary Report/Formal Report)

\*Preliminary Report required: Yes / No (Circle one)

\*Password required for emailed document: Yes / No (Circle one)

If a password is required, please be sure to circle Yes.   
If Yes is not circled, document will be sent without password protection.

Attached letter: No. of photos ,No. of diagrams, ,

No. of documents (Total Sheets)

●After analysis, the specimen and other materials will be disposed securely after a set storage period has elapsed.

●Toray Research Center terms and conditions will be applied to the work you have requested.

●The personal information disclosed on this form will be protected, managed, used and administered in accordance with our company’s privacy policy, which is available on our website.

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| --- | --- |
| Signature:  Name:  Job Title:  Company (Organization) / Division: | |
| Address(country): | |
| Tel.: ( Ext. ) | |
| Fax: | |
| Email: | |
| I (we) hereby request the following analysis/research (request for work/quotation) to be performed | | | | | | |
| Title: | | | | | | |
| Purpose and content of analysis/research, particular points of caution, points to focus on, etc. | | | Previous report number (if reference is required)  No. | | | |
|  | | | | | | |
| Sample details / Structure and composition of the sample | | | | Name and quantity of sample  Precautions when handling sample (safety, toxicity)  Legal and Regulatory Requirements | | |
| \*We may send you direct mail (DM), such as technical material, seminar guides, etc. If you do not wish to receive such materials, please check the “Do not send DM” field on the right. 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　→\_\_\_Do not send DM | | | | | | |
| Internal use | Internal Reference No.: | | | | Received | Accepted |
|  |  |
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| Job No.: | | | |
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