

CUSTOMER REQUEST FORM

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Request No:		Request Date:	
Method of Receipt of Request :		Telephone ☐ E-mail ☐ Fax ☐ Customer Visit ☐ Survey ☐ Internet ☐ Other ☐	
Requestor Information			
Name and Surname :			
Company Name :			
Telephone:			
E-mail:			
Subject of the Request			
Preliminary Evaluation of Customer Request			
☐ Customer Request ☐ Customer Complaint-Appeal ☐ Customer Suggestion ☐ Will Not Be Evaluated			
Evaluation Results			
☐ Reporting ☐ Analysis Result ☐ Analysis Method ☐ Quotation ☐ Communication of Results ☐ Invoice ☐ Software System ☐ Sample Cancellation ☐ Additional Analysis ☐ Other(.....)			
Action to be Performed :			
Related Department :			
Planned Completion Date :			
Is Corrective Action Required? Yes ☐ No ☐		Customer Feedback Required? Yes ☐ no ☐ Date/Sign:	
Approval			
Recorded By	Department Chief	Quality Manager	Laboratory Manager