ILD-RSL

QUALITY FORMS

REQUEST FOR SOIL TEST KIT (STK) REFILL

Doc. Ref. No.	DA-RFOIII-RSL-QF-009
Effective Date	April 08, 2024
Revision No.	00
Page No.	Page 1 of 1

Name of Custo Customer Add					Sex:	□ Male	☐ Female
	er/ Email Addre	SS:					
Customer Affil Date Requeste	liation: □ Far		Academe/Research	her	overnment Agency en:	ı □ P	rivate Entity
No. of kits to refilled	Price p (Pr 130	p)	Cost (No. of kits X price)	For questions, please contact RSL at (045)961-4150 or email us at ild.rsl@rfo3.da.gov.ph , or send us a message on our Facebook page 'Regional Soils Laboratory 3' from 8 AM to 5 PM, Monday to Friday.			
• 30 mL ea 2. The custo		BCG, N, P, I ide appro	K and K2 • 15 m priate container foust be clean and dry			x1 tin foil bottles, aml	ber bottles and
Request I	Received by:				Request Nun	nber:	2024-RN-
2. The end user	ry is not liable fo	or the wast	ages or harm caused te management of S ewed the form, cor on and accepted th	TK reagents aft ofirmed its acc	er analysis. uracy, received t		
Jame and Signat	ture of Customer	/Customei	Representative	N	lame and Signatu	e of RSL Re	presentative
QUALITY FORMS					Doc. Ref. No. DA-RFOIII-RSL-QF-009		
	DECUEST FOR SOM TEST WIT DE				Effective Date Revision No.	n No. 00	
ILD-RŠL	REQUE	ST FOR S	OIL 1EST KIT F	REFILL		Page 1 of 1	
ILD-RSL Name of Custo		ST FOR S	OUL TEST KIT F	REFILL	Page No.	Page 1 of 1 ☐ Male	□ Female
	omer:	ST FOR S	OIL TEST KIT F	REFILL	Page No.		
Name of Custo	omer:		OIL LEST KIL F	REFILL	Page No.		
Name of Custo	omer: Iress: oer/ Email Addre	ss:	Academe/Research		Page No. Sex: Age:	□ Male	
Name of Custo Customer Add Contact Numb Customer Affi	omer: lress: per/Email Addre liation:	ss: mer □ per kit p)		her □ Go Date Giv For question us at ild.rsl	Page No. Sex: Age: Overnment Agency en: s, please contact R: @rfo3.da.gov.ph, o ge 'Regional Soils La	☐ Male / ☐ P SL at (045)96 r send us a	Female Private Entity 61-4150 or email message on our
Name of Custor Customer Add Contact Numb Customer Affil Date Requeste No. of kits to refilled Notes: 1. One (1) set • 30 mL ea 2. The custor	omer: dress: oer/ Email Addre liation:	ss: mer per kit p) .00 tains: BCG, N, P, 1 ide appro	Cost (No of kits X price)	her	Page No. Sex: Age: Overnment Agency en: s, please contact R: @rfo3.da.gov.ph, o ge 'Regional Soils Lariday.	☐ Male / ☐ P SL at (045)90 r send us a aboratory 3' fi	Female Private Entity 61-4150 or email message on our rom 8 AM to 5 PM,
Name of Custor Customer Add Contact Numb Customer Affil Date Requeste No. of kits to refilled Notes: 1. One (1) set • 30 mL ea 2. The custor	omer: dress: oer/ Email Addre diation:	ss: mer per kit p) .00 tains: BCG, N, P, 1 ide appro	Cost (No of kits X price) K and K2 • 15 m priate container for	her	Page No. Sex: Age: Overnment Agency en: s, please contact R: @rfo3.da.gov.ph, o ge 'Regional Soils Lariday. dd K1 • 6pcs 1 ach as old STK	☐ Male / ☐ P SL at (045)90 r send us a aboratory 3' fi	Female Private Entity 61-4150 or email message on our rom 8 AM to 5 PM,
Name of Custor Customer Add Contact Numb Customer Affil Date Requeste No. of kits to refilled Notes: 1. One (1) set • 30 mL ea 2. The custor polypropylen Request Recustor 1. The laborator	omer: lress: ler/ Email Addre liation:	ss: mer oer kit p) .00 tains: BCG, N, P, I ide appro ntainer mu	Cost (No of kits X price) K and K2 • 15 m priate container for	her	Page No. Sex: Age: Overnment Agency en: s, please contact R: Orfo3.da.gov.ph, o ge 'Regional Soils Lariday. dd K1 • 6pcs 1 ach as old STK Reque	Male Male	Female Private Entity 61-4150 or email message on our rom 8 AM to 5 PM, ber bottles and 2024-RN-

Name and Signature of Customer/Customer Representative

Name and Signature of RSL Representative