



Proficiency Testing Program – “Single Site” Order Form

CBR Proficiency Program 2024 (123)

Please email completed order from to info@labsmart.com.au

Please **PRINT** company representative contact details:-

Organisation:		Address:	
NATA Ac. No.		(Postal)	
Contact:			
Phone:			
E-mail:			

Note: Postal address must be Australia Post recognised

I would like to request participation in this proficiency program and by signing the authorization below agree to LabSmart Services proficiency testing program terms and conditions (see www.labsmart.com.au for details) and the payment of the prescribed fees.

Name (Please Print)

Authorised Signature

Date

Please **PRINT** delivery details, leave blank if the same as company details above:-

Laboratory:		Address:	
NATA Ac. No.		(Postal)	
Contact:		Address:	
Phone:		(Courier)	
E-mail:			

Note: Postal address must be Australia Post recognised

Please **PRINT** invoicing details, leave blank if the same as company details:-

Company:		Email:	
Contact:		Address:	
Phone:		(Postal)	

Please calculate total fee payable:-

\$680 \$

Number of additional samples required at this site = by \$550 = \$

TOTAL FEE PAYABLE \$

Please indicate preferred method of payment (tick):-

Invoice

EFT

Credit Card

PO N° _____

(2.5% Surcharge)

Thank you for choosing LabSmart Services!