

to fill out by the customer	Name and surname:		Customer code:		Technician code:	
	Address:				Technician name:	
	Telephone:		Email:		Technician address:	
	Tax code:		VAT-Number:		Samples acceptance date:	
	Organic farming? <input type="checkbox"/> Yes <input type="checkbox"/> No				Number of samples:	

Samples-N° (Samples collection date)	1 (__ / __ / __)	2 (__ / __ / __)	3 (__ / __ / __)	4 (__ / __ / __)	5 (__ / __ / __)
Sample name					
Parcel- N°					
Size (in ha)					
Cultivation (variety)					
Grafting					

↓ to fill out by the laboratory ↓

Plate N°					
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Signature of the customer _____