

REQUEST TYPE:

☐ METHOD VALIDATION

☐ DEMONSTRATION

☐ POST-QUALIFICATION

☐ PRESENTATION

☐ TRAINING

☐ OTHERS _____

MACHINE:

☐ REAGENT TIE UP (RTU)

☐ PURCHASE

INSTITUTION:

☐ PRIVATE

☐ FREE STANDING
LABORATORY

☐ PUBLIC

| | | | | | | |
|--|----------|---|---------------------|--|---|--|
| NAME OF EMPLOYEE | | | | DATE REQUESTED | | |
| AREA | | | | POSTION | | |
| ACCOUNT | ACTIVITY | PLEASE PROVIDE THIS ITEM | PRODUCT/ MACHINE | DATE OF ACTIVITY | REMARKS <small>STATUS & AVAILABILITY</small> | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| | | Contact Person Name: _____ Position: _____ Contact No.: _____ Email address: _____ | | | | |
| REMARKS: | | | | | | |
| ENDORSED BY | | CHECKED BY | | APPROVED BY | | |
| District/Regional/National Sales Manager <small>(Signature over Printed Name)</small> | | Service Coordinator <small>(Signature over Printed Name)</small> | | Product & Application TL / PAS Manager <small>(Signature over Printed Name)</small> | | |
| DATE SIGNED: | | DATE SIGNED: | | DATE SIGNED: | | |