

# Address form

# Proficiency Testing Scheme

Fax + 49 6227 6909 178 or + 49 6227 6909 179

of the Society of Toxicological and Forensic Chemistry

GTFCh - Proficiency Testing 2017

ARVECON GmbH  
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This form is a supplement to the order form. Please fill-in if you want to indicate a different address for the certificate and for sending the reports.

**Lab code:**

(as available)

**E-mail address(es) for sending the reports and certificates**

Please indicate up to 3 e-mail addresses

1:
2:
3:

**Delivery address** (samples and forms)

Name	_____
Institution	_____
	_____
	_____
Street	_____
ZIP / City	_____
Country	_____

**Billing address**

Name	_____
Institution	_____
	_____
	_____
Street	_____
ZIP / City	_____
Country	_____

**Certificate address** (address on the certificate)

Name	_____
Institution	_____
	_____
	_____
Street	_____
ZIP / City	_____
Country	_____

**Report address** (report is sent to this address)

Name	_____
Institution	_____
	_____
	_____
Street	_____
ZIP / City	_____
Country	_____

**Contact person**

Name	_____
Tel.	_____ Fax _____
E-mail	_____

**Delivery within the EU**

VAT.Id.no	_____
necessary for all foreign participants within the EU.	