(*full name of the Certified Reference Material-CRM*)

|  |  |
| --- | --- |
| **Information about the** **user of the CRM:** | |
| Name and address: | VAT: |
| Contact person:  E-mail: | Phone:  Fax: |
| **Information about the customer:** (in the case that is different from the user): | |
| Name and address: | VAT: |
| Contact person:  E-mail: | Phone:  Fax: |

|  |  |
| --- | --- |
| **Information** **on the** **CRM:** | |
| CRM code (from DMDM Catalogue of Services)\* | Requested number of CRMs |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| CRM-s intended use: |  |

\**number of rows as needed*

|  |  |  |
| --- | --- | --- |
| **Specific** **user** **requirements** |  | |
| Request for new CRM not listed in the DMDM Catalogue of Services:  YES  NO |  | |
| Description of new requested CRM, certified value, measurement uncertainty:    Calibration Certificate will be issued in: Serbian  Serbian/English |  |  |
| Returning of the CRM packaging:  YES  NO |  | |

|  |  |
| --- | --- |
| Place and date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Person responsible:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ENTERED BY LABORATORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Review of request:** | | | |
| The request is adequate | YES | NO |  |
| The request is subsequently amended | YES | NO |
| Calibration in scope of CMC | YES | NO |
| Calibration in scope of accreditation | YES | NO |
| Laboratory can meet a requirements | YES | NO | PARTIALLY |

Planned end date of activity

Date and signature of person responsible for review of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_