

## Pre-analysis form

### Company

Company name

Country

Zip/Postal Code

Phone

E-mail

### Contact person

Last Name

First Name

Phone

E-mail

**Field of interest:** biocidal product/ make a security data sheet/other services

***Will be filled optional or during consultancy***

**Product details**

Field where it is used

Product type \* (\*for biocidal product)

Name of active substance 1	Name of active substance 2	Name of active substance 3	Name of active substance 4
CAS no.	CAS no.	CAS no.	CAS no.
CE no.	CE no.	CE no.	CE no.
Exact concentration	Exact concentration	Exact concentration	Exact concentration
Producer/ source of the active substance	Producer/ source of the active substance	Producer/ source of the active substance	Producer/ source of the active substance
For CLP classification			
Name of component 1	Name of component 2	Name of component 3	Name of component 4
CAS no.	CAS no.	CAS no.	CAS no.
CE no.	CE no.	CE no.	CE no.
Concentration interval	Concentration interval	Concentration interval	Concentration interval