

(Exhibit)

Date: / /
(month / day / year)

List of Sample (Organic Elemental Analysis – S, Br, Cl, I –)

| | |
|--------------------|--|
| Application number | |
|--------------------|--|

* Provide the same application number as Request Form

Total number of samples: _____

| Sample Number (5-digits) * Write a unique number to each sample | Elements in the sample | Request Status |
|--|------------------------|----------------|
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※ You can copy this form if there is not enough space.

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|--------------------------|------------------------|-------------|--|
| Date of Request Received | (month / day / year) | Checked by | |
| Date of Analysis | (month / day / year) | Analyzed by | |