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| 产品预测试预约单 Lab testing booking form | | | | | |
| **1. Applicant Information/申请人信息** | | | | | |
| Applicant/申请机构: |  | | | | |
| Address/地址: |  | | | | |
| Contact Person/联系人: |  | | Tel. No./电话: |  | |
| Email Address/电子邮件: |  | | Fax No./传真: |  | |
| **2. Product Information/产品信息** | | | | | |
| Sample Description/样品名称 |  | | | | |
| EUT description/样品描述: |  | | | | |
| Test Condition/测试条件: | AC Power Supply/交流供电; DC Power Supply /直流供电  Input Rated Voltage/额定电压:      V  Input Rated Current/额定电流:      A  Input Frequency/电源频率:      Hz  Product Weight/产品重量:      Kg  Product Size/外观尺寸:      ×     ×      cm (L×W×H) | | | | |
| Accessories/附件: |  | | | | |
| MIsc/其他测试要求: |  | | | | |
| **3. Test Information/测试信息** | | | | | |
| Test Type/测试类别 | Case and Time/预约测试项目及时间 | | | Case and Time/预约测试项目及时间 | |
| SAR/吸收比 HAC/助听兼容 | SAR : | | H/小时 | HAC: | H/小时 |
| Other/其他 | Case/项目： | | | | H/小时 |
| **4. Service Requirement** | | | | | |
| **Expectation Test Date/期望测试日期** | | 20      Year年       Moth/月       Day/日 to/至  20      Year年       Moth/月       Day/日 | | | |
| A.M/上午 (8:30~12:00);  P.M/下午 (13:00~18:00);  P.M/下午 (18:00~24:00);  A.M/下午 (00:00~8:30). | | | |
| **5. Customer Confirmation/客户确认** | | | | | |
| Print name/申请人:       Signature/签名: Date/时间: | | | | | |
| Remark/备注: | | | | | |