

  KFS PTS Test Plan	Document N°:	KFSF937
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Participant Details	
Organisation Name	
Designated Contact Name(s)	
Email Address	
Phone Number	
Delivery Address	
Delivery Postcode	

Scope of Accreditation	
Please describe your accreditation status (please tick all that apply)	
Standard	Status
ISO/IEC 17025 For the examination and recovery of material as per the scope of the individual tests	Maintaining <input type="checkbox"/> Working Towards <input type="checkbox"/>
Other (please specify)	

Test Details			
Test Number	Fee per Test (£ exc VAT)	Required (tick all tests required)	Number of tests required
PTS22001 Blood Search – non-complex examination	600	<input type="checkbox"/>	
PTS22002 Blood Search – complex examination	600	<input type="checkbox"/>	
PTS22003 Saliva DNA – non-complex examination	800	<input type="checkbox"/>	

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PTS22004 Saliva DNA – complex examination	800	<input type="checkbox"/>	
PTS22005 Cellular DNA – non-complex examination	800	<input type="checkbox"/>	
PTS22006 Blood Search – non-complex examination	600	<input type="checkbox"/>	
PTS22007 Blood Search – complex examination	600	<input type="checkbox"/>	
PTS22008 Saliva DNA – non-complex examination	800	<input type="checkbox"/>	
PTS22009 Saliva DNA – complex examination	800	<input type="checkbox"/>	
PTS22010 Cellular DNA – non-complex examination	800	<input type="checkbox"/>	
PTS22011 Saliva DNA (Envelope) - non-complex examination	800	<input type="checkbox"/>	
PTS22012 Hair and Fibres – Bespoke unaccredited	600	<input type="checkbox"/>	

APPROVAL – TO BE COMPLETED BY THE CUSTOMER AUTHORISED SIGNATORY	
<p>Our Terms and Conditions (KFSF955) are included and available via our website.</p> <p>KFSP323 outlines the roles and responsibilities of both KFS, as the test provider, and you, as the participant. This document must be read in conjunction with the KFS Terms and Conditions of business and signed to form a binding contract. By signing this document, the terms and conditions apply to all tests provided to you and you agree to make payment for the services provided.</p>	
<p>Authorised Signatory: Name only is required here if a signature is not possible.</p> <p>E-mail Address of Authorised Signatory:</p> <p>Date:</p> <p>We will accept work requests as authorised if they are received from the email address noted for the authorising customer signatory</p>	
PO Number	Invoices are subject to 30-day payment terms

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KFS Use Only	
Participant Reference Number	
KFS Number	

For further information on current tests available, please refer to the Key Forensic Service Proficiency Testing Scheme Schedule of Tests (KFSF1015) or contact the Proficiency Testing Team directly on KFS.PTS@keyforensic.co.uk.cjsm.net

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