

**Request for QUARTS accreditation**

From:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

To:

**Doc-Cert AG**

**Dr. med. Tanja Volm**

**Besmerstrasse 16**

**CH-8280 Kreuzlingen**

**Fax: +41 (0) 71-244-5151**

**e-mail: t.volm@doc-cert.com**

Dear Dr. Volm,

we are interested in a QARTS accreditation of our laboratory.

Please get in contact with:

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| e-mail |  |

Best regards,

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature  |