

**ASCLD CONSULTING**

**Guideline Document**

<b>ASCLD CONSULTING – CUSTOMER ENQUIRY #:</b>	
<b>Customer Name/Address:</b>	<b>Date/Time of Enquiry:</b>
<b>Contact Name:</b> _____	
<b>Phone:</b> _____	
<b>Fax:</b> _____	
<b>E-Mail:</b> _____	
<b>General Information Requested:</b>  <b>Initial Consultation</b> (including Document Review)  <b>System Evaluation/Gap Analysis</b>  <b>Training</b> (ISO/IEC 17025 Orientation, Awareness plus Documentation and Auditor Training)  <b>Implementation Management</b> (Planning, Scheduling, Documentation)  <b>General Consulting</b> (System Improvement, Problem solving)  <b>Auditing</b> (Internal and Pre-accreditation)	<b>Seeking ASCLD/LAB-International Accreditation:</b>  <b>Number of Laboratories:</b> <b>Number of Personnel:</b>  <b>Testing Disciplines:</b> Controlled Substances Toxicology Trace Evidence Biology/DNA Firearms/Toolmarks Questioned Documents Latent Prints Crime Scene Digital/Multimedia Evidence Other
<b>Customer Specific Requests:</b>	
<b>Customer Priority:</b>	<b>Notes:</b>
<b>Response Time Agreed:</b>	
<b>Date Forwarded to Operations Manager:</b>	<b>Date Received:</b>
<b>Action Taken:</b>	<b>Proposal #:</b>

**PLEASE DO NOT FILL IN SHADED AREA**