Receiving No. .....

Form Sor Bor. 5-4

Date.....

Document for checking of quantity of amino acids

Name of products.....type.....

☐ Dried / concentrated >>> weight.....g per time

☐ Liquid >>> weight of product in liquid form = ... g per time

Consuming quantity = ...times per day

No.	Names and forms of amino acid	Active ingredient (%)	Quantity in formula (%)	Consuming quantity			References		Evaluation result	
				1 time	2 times	3 times	Reference quantity	Reference source	Passed	Failed

For business operator	Evaluation result
Sign.....evaluator (.....) D/M/Y	☐ Passed ☐ Failed

Unofficial