

Test Request Form

Customer Ref :.....

Date :.....

Customer Name & Address :.....

.....

GST. No.:

Email : ID :

Contact Person :

Contact No. :.....

Test Details

S.No.	Sample Particular	Type of test to be Performed	Specification	No.of Samples

Test Methods, are adequately defined, documented and understood Yes/No

The laboratory has the capability and resources to meet requirements Yes/No

Appropriate test method as per NABL accreditation is selected and capable of meeting the customer requirements Yes/No

Application of decision rule required Yes/No

External Provider Service Used Yes/No

Expected Date of Delivery:.....

Special Instruction:

After testing are to be Returned scraped

Customer Signature

Received By