

TEST REQUEST FORM

Laboratory code number.....
 Customer's name and address.....
 Customer code number (if applicable)

Sample Information

Product name (including brand name, form and strength if applicable).....
 Description (appearance of container & contents):

Batch number..... Expiry date..... Manufacturing date

Manufacturer

Sample size (quantity): Submission date.....

Reason(s) for requesting the analysis.....
 Sample submitted by..... Signature.....

S/N	Test requested	S/N	Test requested

Statement of conformity required: YES/NO (tick as appropriate)
 Applicable decision rule (If required).....
 Analysis fees and charges.....
 Customer name: Signature: Date:

I accept/reject to carry out tests specified above

Laboratory Manager (LM)/Laboratory Supervisors (LS) Remarks (In case of rejection).....

LM/LS name: Section.....

Signature: Date:

Subcontracting

Agreement for sub-contracting work: YES / NO (tick as appropriate) If no Reason (s)

LM/LS (Signature)..... Date.....

Customer (Signature): Date.....

Test request deviation or amendment/ additional test(s) (when applicable).....

Customer Name.....

LM/LS Name.....

Signature.....

LM/LS signature.....

Date.....

Date.....

Approved by DLS (Signature): *D. Polite*

Effective Date: 22.10.2019