

**TEST REQUISITION FORM (Physico-chemical and Microbiology Parameters)**

Company Name: _____										
Billing Address for Invoicing: _____										
Reporting Address: _____										
Contact Person: _____										
E-mail ID: _____										
Telephone: _____			Fax: _____			A/c No.: _____				
No. of Samples: _____		Sample Dispatch Date: _____		Care Instruction: _____			Deviation from standard methods (In house validated and verified methods)		<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable	
S. No.	Sample Description	Batch/Lot No	Date of manufacture & Expiry	Sample Quantity (gm/ml)	Test Parameters	Test Method	Specification	Product category	Remarks	
1.										
2.										
3.										
4.										
5.										
Filled by Self/Customer:		Self <input type="checkbox"/>			Customer <input type="checkbox"/>					

**Name and Signature of Customer/Lab staff:**

For Lab Use			
Date of Receipt at Lab (AD): Date of Receipt at Lab (BS):	Sample code allotted in lab		
Quantity Sufficient:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Physical Condition:	OK <input type="checkbox"/> Not OK <input type="checkbox"/>
Seal Intact:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sample Accepted:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subcontracting of any parameter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, is Customer's approval for subcontracting parameter(s) taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mention Reason in case of Non-Acceptance:			
Name and signature of Registration staff:			
Review of Request			
The laboratory has the required resources including <b>methods, materials, machines, facilities &amp; personnel</b> to analyze the above samples as per the customer requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has customer been informed, if requested method is inappropriate or out of date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewed by (Name, Sign & Date)	<input type="checkbox"/> Microbiology	<input type="checkbox"/> Physico-chemical	<input type="checkbox"/> Others
Work Order No:			
Remark (if any)			

**For queries/clarifications please contact us at below contact details.**

Note:

1. Client should retain the DUPLICATE for own reference and present the same for collection of test report in our office.
2. No comment may be given for some of the test items if related standard or specification is not available.
3. If Testing Standards /Methods is not given then the Default Standards i.e IS, ISO,AOAC, APHA, Inhouse validated methods or any other relevant standards methods will be followed.
4. Any Subcontracting required to be done due to any unforeseen reasons can be carried out within Mithula Analytics or laboratory having the technical
5. Any Subcontracting required to be done due to any unforeseen reasons can be carried out within Mithula Analytics or laboratory having the technical competency to perform the job and complying to the ISO/IEC 17025 requirements.

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