

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: _____ | | Care Instruction: _____ | | | Deviation from standard methods (In house validated and verified methods) | | <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable | | |
| Sample Dispatch Date | | | | | | | | | |
| 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"/> | | | | |

"Mithula Analytics does not provide a Statement of Conformity indicating 'Pass' or 'Fail' in the Test Result."

Name and Signature of Customer/Lab staff
contact@mithulalab.com

| 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 methods, materials, machines, facilities & personnel 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, In house 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 competency to perform the job and complying to the ISO/IEC 17025 requirements.