


LLPL-03	QUALITY MANAGEMENT SYSTEM FORMAT	 LUCID Laboratories Pvt. Ltd. Testing to the Core
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TEST REQUISITION FORM

Lucid Laboratories Pvt Ltd, Plot No 3, IDA, Bala Nagar, Hyderabad-500037, Telangana, India

Email: info@lucidlabsindia.com, Website: www.lucidlabsindia.com, Phone: +91-40-69042222

Date :

Name & Address of the Customer:	Contact Person Name (Reports to be addressed to):
	Contact Number:
	Email:

GSTIN:

SAMPLE & TEST PARTICULARS

Sl. No	Name of the sample(Sample particulars)	Heat No./Batch No/Lot No. /Sample Code /Mfg. Dt	Test parameters requested	Test method* & Raw material Specification/Sample Grade	Sample Qty	Registration No. (by Lucid Labs)

Additional information for Analysis & To be included on Final Report :

Conformity statement required: Yes ☐ / No ☐

***Note 1 on Test method / Specification:** Test method identification is mandatory. If test method column is left blank, Lucid Lab will test using available standard test procedures / in-house test procedures. If specification column is left blank, test report will be issued without any specification requirements.

Note 2 on Sample retention: Samples will be retained for one month after completion of testing, unless requested by the customer separately. Perishable samples will be destroyed one week after completion of testing. Samples will be returned, if requested by the customer within the retention period.

PAYMENT PARTICULARS

Total test charges:	Quotation or P.O./W.O. Reference No.& Date:	
Advance paid:	Balance due:	Payment mode: Cash /Cheque /DD
Cheque/DD amount:	Cheque/DD No.:	Cheque/DD date:
Drawn on Bank:	Other details	

Sample disposition: Discard sample /Return customer	Sample storage: Room temperature / Refrigerator /Freezer	Mode of Report delivery: Post/Courier/In person <i>Do you require a separate report for each sample:</i>	Any special instruction(s):
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I hereby declare that the above samples(s) are drawn by us and submitted with the knowledge and the authority of my company, and accept the terms and conditions.

Name of the customer representative: _____

Signature: _____

Nature of test sample packing : _____

Due date: _____

Name of the Lucid representative: _____

Signature: _____

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