Test Request Form Location- Panchkula



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SEND REPORT / Invoice TO** | | | | | **Sample Detail** | | | | | | | | | |
| **Contact Person** |  | | | | **Product/Material Name** | | |  | | | | | | |
| **Company** |  | | | | **B.No** | | |  | | | | | | |
| **Telephone/Mobile** |  | | | | **Batch Size** | | |  | | | | | | |
| **Fax & Email** |  | | | | **Mfg Date** | | |  | | | **Exp Date** |  | | |
| **sample submission Date** |  | | | | **Sample Qty** | | |  | | | | | | |
| **GST Number** |  | | | | **Mfg Lic No** | | |  | | | | | | |
| **Billing Type** | Monthly/Regular/Weekly/Po Wise/ | | | | **Supplied By** | | |  | | | | | | |
| **Payment Details** |  | | | | **Mfd By** | | |  | | | | | | |
| **Any Other Information** |  | | | | **Test Required** | | |  | | | | | | |
| **Sample storage condition: (Please tick as applicable)** | | | **:** | **2.0° to 8.0°C** | | **Ambient** | **Light sensitive** | | | **Customer sign/date** | | | **:** |  |
| **Report Issuing Name / Address:(Will be Same in Report)** | | **Invoice Issuing Name / Address (Will be Same in Invoice)** | | | | | | | **Report & Invoice Dispatch Name / Address (Will be used as dispatch address)** | | | | | |
|  | |  | | | | | | |  | | | | | |

Discussion with the party, if any Subcontract (Yes / No). Any Deviation . Compliance Requirement (Yes /No)

(We are applying decision rule on the basis of our Measurement of uncertainty at 95% / 99% confidence level or any other confidence level.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FOR ITC BOOKING CELL USE ONLY( Checklist for Sample Receiving)** | | | |
| **Sr .no** | **Particular to be checked** | **Status (please tick)** | | |
| **1** | Test method defined / documented | | **Yes** | **No** |
| **2** | Resource available | |  |  |
|  | i) valid reference material /reagents | | **Yes** | **No** |
| ii)Calibration Instruments | | **Yes** | **No** |
| iii)Technical person | | **Yes** | **No** |
| iv)Whether approved in scope | | **Yes** | **No** |
| **3** | Environmental conditions to preserve the sample | | **Available** | **Unavailable** |
| **4** | Sample verification | |  |  |
|  | i)condition of the sample | | **OK** | **Objectionable** |
| ii)Leakage / Broken | | **Yes** | **No** |
| iii)Sample Quantity | | **sufficient** | **insufficient** |
| iv)Declared value, if any | |  |  |
| Content | | **Yes** | **No** |
| Dimensions | | **Yes** | **No** |
| Any other | | **Yes** | **No** |
| v)purpose: FSSI / BIS/ Any other regulatory Board(Specify) | |  |  |

**Remarks: The test request is reviewed and sample can / cannot be accepted.**

**Note: Use black color self ceiling poly bag in case of light sensitive product / Material. Reviewed By Sign /Date: ---------------- Format No.** SOP/ITC/QA/004/F01/R05 Page 01 of 01

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