

MOUNTAIN VIBES RESEARCH SERVICES (OPC) PVT LTD

TEST REQUEST FORMAT

Customer Details	Billing Details
Company:	Company:
Contact Person Name:	Contact Person Name:
GST Number:	GST Number:
Address:	Address:
Phone:	Phone:
Email:	Email:
SAMPLE DETAILS & TESTS REQUIRED	
Sample name:	MFG Date: EXP Date:
Batch no./ Lot no.:	Work order / Quotation No.:
No. of samples submitted:	Sample Quantity:

S. No	Testing Parameters	Test Method	Specifications/ Requirements / Limits	Remarks/ Instructions (if any)

* If the Testing Standard / Method is not given then the Default Standard i.e. ISO / AOAC/IS or any other valid method will be followed.

I hereby declare that the sample(s) detailed below /are submitted with the knowledge and the authority of my company, and on behalf of my company.

Name & Signature of Customer:

Date:

For Lab Use: - Date & time of receipt at lab:

Seal is intact: Yes ☐ No ☐

Sufficient Quantity: Yes ☐ No ☐

Physical Condition: OK ☐ Not OK ☐,

Sample Accepted: Yes ☐ No ☐,

Mention Reason in case of Non acceptance: -

Storage Conditions: ☐ Room Temp ☐ 2 to 8°C ☐ -20°C

Request reviewed by /Sample Registered by Name & Signature:

Date:

S.No	FSSAI Category	FSSAI Class	Tick Yes <input type="checkbox"/> No <input type="checkbox"/> ,
1	Dairy Products and analogues	2.1	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Fats, oils and fat emulsions	2.2	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Fruit and Vegetable products	2.3	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Cereal and Cereal Products	2.4	Yes <input type="checkbox"/> No <input type="checkbox"/>

5	Meat and Meat Products	2.5	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Fish and Fish Products	2.6	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Sweets and Confectionery	2.7	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Sweetings agents including honey	2.8	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Salt, spices, condiments and related products	2.9	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Beverages (Other than Dairy and Fruits and vegetable based)	2.10	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Proprietary Foods	2.12	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note : Please tick the appropriate FSSAI Category for guidelines.