BOMBAY TEST HOUSE® PVT LTD
Testing | Inspection | Certification
www.bombaytesthouse.com

TEST REQUEST FORM

Bombay Test House Private Limited
Unit No:1, 4th Floor, Banking Complex - 2,
Near APMC Market 2, Vashi, Navi Mumbai 400 703 Maharashtra
Ph No.: +91 22 4123 9185 / 2783 1910 / 2783 1911
Email: bombaytesthouse@gmail.com / enquiry@bombaytesthouse.com

Note : Please mention all the relevent details with reference to the sample being submitted. All the data entered here will reflect on the Final Test Report. No changes will be entertained post sample entry in our LIMS system.

Customer Name (on Test Report) :		Customer Name (on invoice) :	Same as left *(if no, please enter the changes)*
Address (on Test Report):		Address (on Invoice):	Same as left *(if no, please enter the changes)*
Contact Name (on Test Report):		Contact Name (on Invoice):	Same as left *(if no, please enter the changes)* s
Dispatch address of Final Test Reports		Dispatch address of Invoice	Same as left *(if no, please enter the changes)*
Telephone No.:		Telephone No.:	Same as left *(if no, please enter the changes)*
Email Id.:		GST Number:	

Payment Details : (please tick √) □ Cash   □ Cheque   □ Credit   □ PO (Please mention PO No.)

Sample Collection Details: (please tick √) :
SUBMITTED □ / DRAWN □   (FILL BELOW DETAILS IF SAMPLE IS DRAWN)

			(For office use - Sampling team only) for drawn samples only	(For office use - Login Section only)
Location :		Sample Delivery Details : □ By Courier □ By Hand Delivery	LIMS Reg. No.:	LIMS Reg. Date:
Contact person at Site:		Contact Person Sign:	Sampling SOP No:	Job No.:
Date & Time :				Result Due Date:
Lab sampler Representative :				Entry taken by:

Sample Details (To be mentioned in Final Report)

Sr. No.	Sample Description/ Name of the sample	Sample Identification (Date of Mfg./Batch No/ Lot No.)	Parameters to be Analyzed	Test Method /Protocol (if any)	Any specific units required for results (e.g: % , ppm , ppb, kcal/kg)	Limits to be mentioned in report w.r.t compliance (eg. IS / IP / BP / USP)	Quantity of sample (pl mention in gms)

Remarks on test report required (please tick √)   YES □   No □

Special Remarks / Instructions (If any)

Note :
The test item will not be retained for perishable and 1 month in the case of non-perishable samples unless otherwise agreed with the customer or required by the applicable regulations.
Laboratory adopts most suitable analytical methods from International/National/Validated methods unless it is specified by customer .

Verified by : Lab Representative (Name & Date)		Verified by : Login Representative (Name & Date)		Verified by : Reporting Representative (Name & Date)	

(For login use only)

Sample integrity check	Date of receipt of sample:	Time of receipt	Sample storage condition : □ Room Temp □ Chiller □ Freezer □ Accelerated
	Received by:	No of samples	
	Temperature of sample:	Sealed (please tick √) YES □ No □	DEPT.ASSIGNED : □ MICRO □ CHEM □ WATER
		Unsealed (please tick √) YES □ No □	□ INSTR □ DRUGS & PHARMA □ O/S