

SAMPLE SUBMITTAL FORM



Integrated Management System

Supported By:
Ministry of Food Processing Industries
Govt. of India



www.bombaytesthouse.com

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NAME M/S: _____ DATE : _____

ADDRESS: _____

CONTACT: _____ E.MAIL: _____

MOBILE: _____ FAX: _____

S.No	PRODUCTS	MARK / ID	PARAMETERS
1			
2			
3			
4			
5			

(a) TESTING INSTRUCTIONS :

PAYMENT METHOD	Purchase Order #		BTH Quote # If applicable	
	Cheque No			
	DD No			
	RTGS - NEFT			
	Details	Bank Name		Date

(b) All Samples will be discarded after testing Unless/Otherwise Indicated below

- Discard Samples
 Retain Samples
 Return Samples

(c) Sample Storage Instruction

- Store at Room temperature upon arrival
 Refrigerate upon arrival
 Freeze upon arrival

AUTHORIZED SIGNATORY

DATE

For Lab use only	Sample Condition	Date
Sample inspected and logged By:		
Sample Received by:		