

Date

01	Name of the Customer:	
-		
02	Address of the Customer:	
03	Letter reference, if any	
04	Sample Description :	
05	No of Sample:	
00		
06 07	Mark, if any Test to be Done:	
07		
08	Test Method:	
09	Any specific requirement :	
		(Customer Signature)
	FOR OFFICE USE ONLY (Sample Re	eview)
а	Quantity of sample received	DAdequate /Inadequate
В	Marking/Stamping/Sealing of the sample	OK / Not OK/NA
с	Availability of Manpower to perform the test	OAvailable / Not available
	Availability of required Equipment/Chemical /CRM	DAvailable / Not available
d	Availability of required Test method	Available / Not available
e	Availability of required rest method	
f	Requirement of Statement of Conformity to Specification	Yes / DNo/NA
1	Requirement of NABL Symbol on Test Report	Yes / INo /NA
g	Any significant requirement of Customer	Agreed / Not agreed / INot
h		applicable
	In case of reporting of the results of a sample	DAccepted / Not accepted
i	received under the approval of customer with deviated condition, the lab will include the	
	disclaimer in the test report	
	Acceptance of sample for testing	DAccepted / Not accepted
j	Sample code No.(if accepted)	
	Reviewed By:	
	Reviewed by:	