

SAMPLE SUBMITTAL FORM

Italab Salem Private Limited

An ISO 9001 : 2008 Certified Laboratory

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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 #		Italab Salem Quote #	
	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	
Sample inspected and logged By:		<u>Date</u>
Sample Received by:		<u>Date</u>