

TEST REQUEST FORM (NON-NCDEX)

TO BE FILLED BY CUSTOMER REPRESENTATIVE IN CAPITAL LETTERS

Customer/ company Name (in which report & Invoice to be issued):		
Address of Customer:		Telephone:
		e-mail:
<< PLEASE FILL THE SAMPLE & TEST DETAILS ON NEXT PAGE>>		
If specification is to be mentioned on the report: Yes / No [For yes; mention the relevant reference on next page]		
Sampling form attached: Yes / No		
Note: Must attach the completed sampling form in case of sampling is done by NCML representative.		
TRANSFER / SHIPMENT DETAILS: By Person: Name of the person carried sample:		
By Courier: Name of courier service:		Date & time of dispatch:
Purpose of Testing: (EIC/APEDA/FSSAI/Other Specify)		
Is NABL symbol required on the report: Yes/ No		Expected date of report:
Mode of report collection (Tick Please): Self By Hard copy by courier e-Mail		
Email addresses for sending the digital copy of report and invoice and copy to be marked:		
Reference to quotation and date:		Purchase order No and date:
Payment: Amount:	DD/NEFT/Cheque No and date:	
Name of Bank:	Branch:	Other:
Special instruction (if any): Specify below, if Invoice/ reporting address is to be different from above mentioned customer address/ other instruction:		
Statement of conformity required in the test report? Yes* / No		
* If yes, Decision rule will be applied.		
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.		
Signature of Customer/ His representative:		Name:
Designation:	Mobile:	Date:
		e-mail:

BELOW IS FOR LABORATORY USE

Job registration: Date of receipt _____ Time of receipt: _____ Sample packing appropriate and intact: _____ Qty of sample: _____ Condition of sample at the time of receipt (Tick): Ambient/ Chilled/ Frozen Location of sample kept (before registration, if so): _____ °C Remark: Job registration Number: _____ Sign , date and Employee ID: _____	Any Communication with customer representative (before and after commencement of work): Please make noting below, refer and attach the communication:
Feasibility registration (Contract review): All the registration details to be verified against the TRF/ PO and sampling form. All The requested test can be performed by lab: Yes/ No Specify, if Subcontracted test required: Yes/ No (If Yes, details attached) Method: <input type="checkbox"/> Resources: <input type="checkbox"/> Capabilities: <input type="checkbox"/> Obtained permission from customer for any deviation (if any): Yes/ No Payment details: Sample ID: _____ Due Date: _____ Remark: Done by (Sign , date and Employee ID):	(sign & Date)

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SAMPLE DETAILS

S. No.	Name of the Commodity / Matrix	Sample Name /ID / Batch number etc. (sample particulars)	Sample Quantity	Name of tests	Method Reference	Specification reference	Seal details (if any)	Remarks/ Preservation Conditions
Name and full signature of the customer representative with date:			Signature of registration person at the time of registration with date:			Signature of person at the time of feasibility registration with date:		

N/A: Not Applicable, **Note-** Lab shall use the default method, if the method reference is not mentioned.