	AYUSH RESEARCH LABORATORIES PVT.LTD. 25 Gokul Das Compound Industrial Estate, Opp.Kalyan mill Indore, Madhya Prdesh-452011

SAMPLE REQUISITION FORM

Date:- ……

From Customer Name/Address			
Contact Person		Telephone	
Email		Statement of Conformity	Required/Not Required
Test Method	Unless informed by customer samples are tested as per methods in our scope		
Ref. No.			

Sir,
Kindly receive the sample for analysis whose details are given below and submit test report.

Sample Name		
Batch No.		
Batch Size	Sample Qty.	
Date of Mfg.	Date of Exp.	
Mfg. By	Sample Storage Condition	
Supplied By	Drug Mfg.Lic.No.	
Protocol		
Category	**Routine/Priority/Urgent**	
Analysis Required	Complete/Partial/Analysis for following test:	
Customer's Sign:…….....		
<u>Office Use Only</u> **Sample Code: …….** **Signature: …….**		