


ALCOAX LABORATORIES SDN. BHD.	
CLIENT TEST REQUEST FORM	

CTR No: _____	
<b>To be filled by the client</b>	
Name of Company and Address	
Name of Representative & Department	
Contact Number/ Email Address	
PO/Quotation No. (if applicable)	
<b>Sample(s) Details</b>	
Name of the material	
Batch No./Lot. No.	
Manufacturing date & Expiry date	
Material Quantity	
Storage Condition/ Special Handling (if required)	
Test Parameter Required	
Test Method/ Specification Reference	
Market/ Regulatory Agency	
Express Service (Yes/ No)	

<b>Client Signature</b>	
Prepared by: (Sign & Date)	
<b>(For Alcoax Use Only)</b>	
<input type="checkbox"/> Able to perform test <input type="checkbox"/> Not able to perform test, inform customer  Reporting statements of conformity (Yes/ No) <small>(Applicable for only ISO/IEC 17025:2017 scope of testing)</small>  Reviewed by: (Sign & Date)	