


Test Request Form

	GUJARAT TECHNOLOGICAL UNIVERSITY PUBLIC TESTING LABORATORY							
TEST REQUEST FORM								
Date: _____								
Name of the Client: _____								
Address: _____	Contact person: _____							
	Designation: _____							
	Phone No.: _____							
Mfg. Lic. No.: _____	Mobile No.: _____							
E. Mail: _____	Fax No.: _____							
Kindly analyse the following item as per details given								
Sr. No	Sample Name (Brand, Generic, label claim)	Batch No.	Batch Size	Date of Mfg.	Date of Expiry	Test Required	Specification	Method followed
Note: If Specification is left blank, then GTU-PTL understands that no specification is required by client. If Method is not mentioned, then GTU-PTL follows standard or in house methods. Details given in the test request form would be entered in COA.								
Documents enclosed: _____								
Special comments: _____								
Authorized signatory: _____								
TO BE FILLED BY GTU-PTL STAFF								
Inward No. : _____								
Is sample received in good condition?								
Are all the documents mentioned in the request available?								
Received by: _____					Date and signature: _____			
Bifurcation of project (QC Testing / R&D) _____								
Sample Allocate to : (By director)					Authorized signatory with date : _____			
TRF received by sign and date (By allocated staff) :					Analysis done : (sign & date)			