

Testing Request Requisition

Company's Registered Name		Registered Address	
Contact Person Name		Designation	
Contact No. (landline)		Mobile no.	
Email		Alternate mobile no.	
UTR No. / Transaction ID & Date (Encl. copy with sample)			

Declaration:

- 1) As I do not want to get additional tests as recommended by you, I request you to book the testing as per my requirement only
- 2) As the sample is just sufficient for the required tests, it is understood that I will not ask for future retesting/replicate testing.
- 3) The tests for which I have not mentioned the standards or codes to be followed for above samples, I authorize you to conduct test by any suitable code, according to your experience.
- 4) I agree that in case of non-payment of charges/confirmation, I will not ask for reports.
- 5) I agree that sample will be destroyed by lab/OFM after testing, and I will not claim the same.
- 6) I agree that soft copy of the same will be acceptable to me and will not demand for hard copy of the same.

Signature of Firm's Representative

Disclaimer: Anything contained in this document would not lead to any legal claim on part of an individual for any purpose.