

CUSTOMER TEST REQUEST FORM

Lab Job Oeder No. _____ Date.....

Name of Customer / Exporter

Address

E-mail

Phone No. & Fax No.

Contact Person

Information Required on Test Report

Sample Description with S.No. (if any)		Order No.				
Qty. Submitted		Buyer Name				
Colour		Buying House				
S.No. Sample Description		Country of Destination				
		Country Origin				
		SKU No./Item No.				
1						
2						
3						
4						
5						
6						
Customer Reference No		Date:				
Condition of Sample (s) : Sample from Raw Material <input type="checkbox"/> In Process <input type="checkbox"/> Finished Product <input type="checkbox"/>						
Signed by Inspection Agency <input type="checkbox"/>						
Sr. No	Type of Test Required	Ref. to Standard	No. of Sample	Testing Charges (Rs.)	Total Charges (Rs.)	Remarks



- 1- Kindly check carefully all information filled in this form given for testing of the sample(s) If any change/addition is required in Test / Sample, so please intimate to Head of Laboratory General Manager immediately in written/ by email: rtclindia@gmail.com / mhscrn@gmail.com
- 2- DECISION RULE is applicable -In case statement of conformity will be applied after considering both i.e. Test Results & its measurement of uncertainty When the result is found to very close to its border line [either (+) Side or (-) side]

Signature of Customer with Date

Sample Call Representative
[RTC Laboratory]