

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**

Is sample received in good condition? \_\_\_\_\_

Are all the documents mentioned in the request available? \_\_\_\_\_

Received by: \_\_\_\_\_

Date and signature: \_\_\_\_\_