714, Lake Town, Block-A,Kolkata-700089
P: +91 33 4005 0857 / 0858
E: centrallaboratory@agrivet.in |
www.agrivet.in
CIN:U01403WB2012PTC184502

Agrivet Laboratory

TEST REQUEST FORM

Company:			
Billing Address:			
Contact Person:			
Contact Number:		**Email:**	
GSTIN		**PAN**	

Report to be submitted to *(if different from above details)*

Company:			
Postal Address:			
Contact Person:			
Contact Number:		**Email:**	
GSTIN		**PAN**	

SAMPLE DETAILS

Sample Name:			
No of Samples:		**Mark on the sample (if any):**	
Work order No.:		**Quotation No.:**	
Batch No.:		**Lot No.:**	
MFG Date:		**Exp Date / Best Before:**	

Report to be sent by:	**Email**		**Whets App**		**Courier**		**Collection**	

Testing Parameter Details

Sl	Sample	Laboratory	Parameter	Process	Sample Qty	Rate

Sample Collection Date:		**Sample Shipping Date:**	
Name	***Signature***	***Designation***	***Date***

For Official Use only:

Sample Received by		**Signature**	
TRF No:		**Proforma Invoice No:**	
Sample Receive Date:		**Tax Invoice No:**	