

MICROBIOLOGY TEST REQUEST FORM

Date:		
TO BE FILLED BY CUSTOMER		
Customer Information	Company Name	
	Address	
	PAN No:	
	GSTIN No.	
	Contact Person	
	Contact Number	
	E-mail Report to:	
	Vendor code: (If Applicable)	
Test Sample information	Sample Code	
	Unique Identification (Batch No, Lot No etc)	
	Sample description	
	Type of sample	
	Sample Quantity	
	Sample storage condition	<input type="checkbox"/> 1. Room temperature <input type="checkbox"/> 2. Refrigerator <input type="checkbox"/> 3. Any other (Please specify)
	Sample To be returned back after analysis	YES <input type="checkbox"/> NO <input type="checkbox"/>
Test details	Test requested	
	Method to be followed	Standard Method <input type="checkbox"/> Customer Specified Method <input type="checkbox"/>
	Name of the Method	
	Requirement for Opinions and Interpretations (comments) on the test results (Please refer below notes)	No <input type="checkbox"/> Yes <input type="checkbox"/> If not select, it will be regarded as agreeing with no comment
	Requirement for statement of conformity (Please refer below notes)	No <input type="checkbox"/> Yes <input type="checkbox"/> ; Decision Rule to be applied: _____ If not select, it will be regarded as agreeing with no comment
	Note : 1. No comments can be provided for test samples tested using a test method that do not have a prescribed pass/fail specification or from any other related test protocol. 2. Decision rule will be applied only for demands from competent authorities, specific standards or requirements. Measurement uncertainty is not included for the judgement. If there are any specific requirements for judgement the same shall be provided with BRC personnel (point of contact assigned to you).	
Special instructions		
Signature of the customer		
FOR OFFICE PURPOSE ONLY		
To be filled by Sample Curator of BRC	Laboratory Reference Bipro No	
	Date and Time of sample Receipt	
	No. of samples	
	Received by	
	Condition of sample on receipt	
	Signature of sample curator	
	Signature of verifier	