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SIPRA LABS LIMITED

Test Request Form (Form QAD/024/F01-01)

Regn. No.:

Date:

Customer Ref. No. & Date:

Customer Particulars :

Company:

Address:

* Contact Person :

* Designation :

* E-Mail :

* Phone : Fax:

* Drug Lic. No. :

Sample Particulars:

S.No.	Sample Name	B No.	Mfg. Dt.	Exp. Dt.	Manufactured by	B. Size	Qty. Sub.	Tests Required	Spec. & MOA

Special Instructions if Any:

Method of submission: by person / courier / mail

Delivery Instructions: will collect by post / courier / person

S No	Please provide the following information	Yes	No	Remarks
1.	Any special storage conditions required, Please specify			
2.	Is the Standard or Reference material submitted traceable? attach COA			
3.	Kindly specify if special handling and disposal procedure is required (attach MSDS)			

I hereby declare that the above sample(s) are submitted with the knowledge and the authority of my company. I accept the terms & conditions listed on the back of this page.

Name & Signature of Customer:

Signature of Sipra Representative:

Tentative charges Rs. Advance Paid Rs. Balance Rs. Report Due Date