



SIPRA LABS LIMITED
SANATHNAGAR, HYDERABAD 500018

ANNEXURE 1
SIPRA LABS TEST REQUEST FORM

Phone:+914023802000/1/2/3/4 Fax:+914023802005 Complaints: +914023802083/4 Email: sipra@sipralabs.com / helpdesk@sipralabs.com	SIPRA LABS LIMITED Test Request Form (Form QAD/024/F01-01)	Regn.No.: Date:
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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 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.....
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7-2-1813/5/A, Survey No.59/6, Industrial Estate, Sanathnagar, Hyderabad-500018, Telangana, India. www.sipralabs.com