

MicroChem Laboratories (Pvt.) Ltd.

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TEST REQUEST FORM

GMS/FORM/ 37

Customer details

Name of the client	
Address	
Report postal address (if different from above)	

Details of the contact person

Name					
Telephone		Fax		Email	

Billing details

Same as above		Different from above (please fill below)				
Name of the organization						
Address						
Quotation No. (If any)						
Invoice No.						
Payment Method	Cash		Cheque		Payment code (for office use)	

Sample collection & submission details (Fill the Annexure with the details of the sample)

Address of the sampling location (if different from above)			
Sample to be delivered by the customer		Samples to be collected by MicroChem	
Reports to be collected by the customer		Reports to be posted	
Results in one report for all samples		Results in separate reports	
Number of test report copies required			

Samples submitted by

Samples collected by

Name		Sampling code	
		Signature of the S.O.	
Signature		Witness name	
		Witness signature	

Date received	
Time receiveda.m./p.m.
CSC Signature	
Lab Ref. No.	
Authorized by	

TEST REQUEST FORM -ANNEXURE

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Sampling Code:
 Collected on :.....Time:..... am/pm
 Test started on :.....Time:..... am/pm

* C / M	Sample Identification	Water Source (if applicable)	Sampling Point	Intended Use	Field Test Results	Lab Reference No. Year/Month		Test Parameters **
						C	M	
								1, 2, 3, 4 5, 6, 7,8
								1, 2, 3, 4 5, 6, 7,8
								1, 2, 3, 4 5, 6, 7,8
								1, 2, 3, 4 5, 6, 7,8
								1, 2, 3, 4 5, 6, 7,8
								1, 2, 3, 4 5, 6, 7,8
								1, 2, 3, 4 5, 6, 7,8

* Write the test identification as C (Chemical test) or M (Micro)

Signature of the customer

**** Test Parameters**

C	1 = Water 12 parameters	2 = Water 18 parameters	3 = Waste water 05 parameters	4 = Separate sheet attached				
M	1 = APC	2 = Coliform	3 = E.coli	4 = Y&M	5 = Salmonella	6 = Staph	7 = Legionella	8 = Separate sheet attached

Chemist / Microbiologist -