

## Chemical Testing Laboratory-Food

## SERVICE REQUEST FORM

Test as per Dialysis Standard

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DETAILS OF THE SAMPLE								
Name	of the Sample							
Test method Std No. / Cust. procedure					Sampling by Customer / Insp. Agency			
Qty		Bate No	ch		Mfg. Date			
Others	Others, If any.							
TEST REQUIREMENTS								
Ref. S	f. Standard Details Test as per Dialysis Standard-EP							
SI. No.			Test Required	SI. No.			Test Required	
I	Chemical Contaminants in Water							
1	Aluminium			13	Lead			
2	2 Antimony			14	Magnesium			
3	3 Arsenic			15	Mercury			
4	4 Barium			16	Nitrate			
5	5 Cadmium			17	Potassium			
6	6 Calcium			18	Selenium			
7	7 Chloramines			19	Silver			
8	Chromium			20	Sodium			
9	Copper			21	Sulphate			
10	Cyanide			22	Znic			
11	Fluoride			23				
12	Free Chlorine			24				
Put Yes / No mark for required test Note: Kindly issue separate SRF Form for each sample								
SLFFC071/01.00/01.20								

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Name and Address of the	Customer in Test Report	Ref Doc. Details :		
Name and Address of the Customer in Invoice		Contact Person:  Phone No.		
Sample Inward No.		Date		

For Si'Tarc		Customer	
Date:	Sign & Name	Date:	Sign & Name