

## Chemical Testing Laboratory-Food

## SERVICE REQUEST FORM

Coir Pith Sample

$\sim$				
$C_{i}$	പ	ρ	N	$\circ$

DETAILS OF THE SAMPLE										
Name	of the Sample									
Test method / Std No. / Cust. procedure							S	ampling by	Custo Agen	omer / Insp. cy
Qty			Batch No		Mfg.	Date				
Others	s, If any.									
TEST REQUIREMENTS										
Ref. St	tandard Details	Coi	r pith Tes	sting						
SI. No.			Test Required	SI. No.	Name of the test / Parameter / Clause No.			Test Required		
1	Lead				1					
2	Cadmium									
3	Arsenic									
Put Yes / No mark for required test Note: Kindly issue separate SRF Form for each sample SLFFC076/01.00/01.20										

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