

 Scientific And industrial Testing and Research Centre, Coimbatore-641006	BIOLOGICAL TESTING LABORATORY		Code No.
	SERVICE REQUEST FORM		
	BET Test as per WHO Specification, USP Method		

DETAILS OF THE SAMPLE					
Name of the sample					
Test method Std No. / Cust. procedure				Sampling by	Customer / Insp. Agency
Qty		Batch No		Mfg. Date	
Others, if any.					
TEST REQUIREMENTS					
Ref. Standard Details		BET Test as per WHO Specification, USP Method			
Sl. No.	Name of the test / Parameter / Clause No.	Test Required	Sl. No.	Name of the test / Parameter / Clause No.	Test Required
1.	Bacterial Endotoxin Test				
Put Yes / No mark for required test,					

Note: Kindly issue separate SRF Form for each sample
SLFMB052/01.00/01.20

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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