



CUSTOMER REQUISITION FORM (CL)

OFFICE USE ONLY

ID No:

Received by:

Date:

Time:

PERSONAL DETAILS

Name:

Designation:

PI/Research Guide:

PI/RG Designation:

Department:

Institute/ University with address:

Phone No:

Email Id:

SERVICE DETAILS

Study Title:

Service Aailed/Requested:

Test Sample:

Sample Name/s:

Sample Type : (liquid/semi-solid/solid)

Sample Dissolved In:

Conc.:

Sterilization Method:

Storage Temperature:

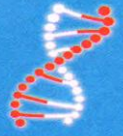
Cell line/Animal model to be studied on:

Duration of Exposure:

Range of Concentration:

Transportation Temp:

References (if any):



REMARKS/ANY OTHER TEST

****If sample would be found damaged on receiving, then sample won't be processed ahead and would be intimated.
The concentration mentioned would be considered final throughout the experiment.
Methodology suggested would be executed if feasible otherwise best alternative method would be done on your consent.
Once the experiment is initiated, it cannot be terminated but minor feasible changes would be accepted.**

Signature of Research Student/RG/PI