

I. Customer Information

Date:
TRF No:

Name & Address			
Contact Person		Sampling Received Date	
Designation		Quotation Ref	
Contact No		Customer Ref	
Email		Billing/Invoice to (if different from applicant)	

II. Sample Information

Mode of sample receipt at Lab: By Hand By Courier

Sample Drawn by : Customer Laboratory

Sample Name		Sample conditions when received	

III. Test Required:

ANNEXURE - 1	WATER	
ANNEXURE - 2	SOIL	
ANNEXURE - 3	ENVIRONMENT	
ANNEXURE - 4	FOOD	
ANNEXURE - 5	MINERALS	

Report Due Date:

Mode of Report Delivery: To be collected by client/Courier/Email /speed Post

Sample Retention Period: **Return of samples to client:** Yes / No

<p>We submit the samples and agree to test with GLCS cost , turnaround time as mentioned, and subject to terms & conditions agreed. GLCS allowed to sub contract the test if required.</p> <p style="text-align: right;">Customer Representation</p>

Sample Received by		Sample Code No Allotted by Lab	
Other information/Remarks if any :			