



RELIABLE TESTING SERVICES

Unit No. 59, Bindal Industrial Estate, Kurla-Andheri Road, Sakinaka, Mumbai – 400 072 |

Tel.: +91-22-2851 6406 / 2851 3705 | Telefax: +91-22-2851 3705 | Email: info@reliabletestingservices.com

LAB TEST REQUISITION FORM

Customer Reference: _____ Date: _____

Customer Name: _____

Customer Address: _____

Customer City/State/Zip: _____ GSTIN: _____

PO No. (If Issued): _____ Date: _____

Contact Person: _____

Contact Email: _____ Contact Number: _____

TESTING REQUIREMENTS

	SAMPLE NO.	I	II	III	IV	V
MATERIAL INFORMATION	Description					
	Applicable Standard					
	Size					
	ID/Heat Number					
	Stamped By					
	Witnessed By					
PHYSICAL TESTING	Tensile Test					
	Hardness Test					
	Impact Test					
	Bend Test					
	Corrosion Test					
	Metallography Test					
CHEMICAL TESTING	Other Test					
	Spectrometry Analysis	____ Elements	____ Elements	____ Elements	____ Elements	____ Elements
	Wet Method Analysis	____ Elements	____ Elements	____ Elements	____ Elements	____ Elements
	Positive Material Identification	____ Elements	____ Elements	____ Elements	____ Elements	____ Elements

Decision Rule Applicability for the material being tested as per _____? Yes / No

Remarks: _____

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Please send the form by Email (info@reliabletestingservices.com), courier or drop at our office in-person along with the material to be tested.

For any questions regarding this form or testing requirements, please call us at
+91-22-2851 6406 or +91-22-2851 3705