

LAB TEST REQUISITION FORM

Company: _____
 Address: _____
 City, State, Pin: _____
 Phone Number: _____ Fax: _____ Email: _____
 Contact Person: _____ Mobile: _____

CHALLAN / REFERENCE NO.: _____ DATE: _____

To,
 Reliable Testing Services
 Sakinaka, Andheri (E), Mumbai - 400 072.

Please carry out the testing as per following details:

TESTING REQUIREMENTS

MATERIAL INFORMATION	SAMPLE NO.	I	II	III	IV	V
	Description					
	Specification/Grade					
	Size					
	Id/Heat Number					
	Stamped By					
	Witnessed By					
PHYSICAL TESTING	Tensile					
	Bend					
	Hardness					
	Impact					
CHEMICAL TESTING	Spectrometry Analysis	___ Elements				
	Wet Method Analysis	___ Elements				

Remarks: _____

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THANK YOU FOR SUBMISSION OF THE LABORATORY REQUISITION FORM!

Please send the form by Email, 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.