

SAMPLE SUBMISSION FORM

| Customer Information | | Date: |
|----------------------|---|--|
| Company Name: | | |
| Report Results To: | Billing Contact (if different): | |
| Street Address: | Street Address: | |
| City, State, Zip: | City, State, Zip: | |
| Phone : | Phone : | |
| GSTIN : | Purchase Order#(if applicable): | |
| Sample Storage | Normal <input type="checkbox"/> Conditioning <input type="checkbox"/> | Turnaround time requested: Normal <input type="checkbox"/> Urgent <input type="checkbox"/> |
| Email to: | Comments/Special instructions: | |

| Sample No | Sample ID | Sample Description (In detail) | Analysis to be Performed | Specifications/ Standard/ method | Quantity | UOM |
|-----------|-----------|---------------------------------|--------------------------|----------------------------------|----------|-----|
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Authorizing Signature

Complete and signed sample submission form indicates agreement with CIPET:SARP-LARPM Testing Lab terms and conditions and authorizes CIPET:SARP-LARPM Lab to perform the requested tests. After testing is complete, samples will be placed into appropriate storage and held for a minimum of 90 days before discarded, unless otherwise informed by the customer.

| | | |
|-----------------------------|----------------------------------|--|
| Sample Disposal Information | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Discard <input type="checkbox"/> | Return <input type="checkbox"/> Discard after 90 days <input type="checkbox"/> |

CIPET:SARP-LARPM Reference : _____ Date Received: _____

| Review Detail | Yes / No | Remarks | Signature of QM |
|---------------------------------------|----------|---------|-----------------|
| Sample Sufficient or not | | | |
| Facility available or not | | | |
| Standard available or not | | | |
| Specimen preparation required or not | | | |
| Special Condition required or not | | | |
| Sample disposal or return to customer | | | |