



Form Name: Sample Submission Form

Form ID: AC-QP-F20

Effective Date: 28/02/2024

Revision : 1

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SAMPLE SUBMISSION FORM

1. Laboratory Sample Reference No:
2. Date Received:
3. Time Received:
4. Received by:

CLIENT INFORMATION:

1. Name and address of Company/Applicant:			
2. Company Contact Tel. No:			
3. Send results to Email:			
4. Name and presentation of product:			
5. Sample Information:			
a) Sample Type:			
b) Use:			
c) Quantity Submitted:			
d) Sampling Site	e) Batch No.	f) Manufacture Date	g) Expiry date
h) Sampling Date:		g) Remark/ Sample Condition:	

6. Turn-around time: **Express:**

7. Is the laboratory equipped to meet customer specified requirements?

Yes

No

If not, give

reasons.....

By signing this form, the customer authorizes ACHELAB LABORATORY SERVICES LIMITED to carry out the tests listed herein and to subcontract as and when need arises one or more tests to a laboratory assessed and deemed competent by ACHELAB LABORATORY SERVICES as per ISO/IEC 17025 Requirements. Achelab will keep all the information about the customer confidential.

Date	Version	Revised By	Reason
24/03/2023	01	QM	Change of format of the Document



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8. Test requested by applicant. Mark (√) against test required on the table below:

*Specify Method to be used; e.g. AAS/ICP, HPLC, Spectroscopy, Potentiometric, Titrimetric etc. Where no precise instructions are given, the laboratory shall choose the best Technique/Method applicable.

Test	*Method/Technique specified by customer

Special Instructions/specifications:

Other items submitted:

Name and signature of person authorizing request for analysis:		
Name:	Signature:	Date:
Contact details (Phone Number):		

9. Payment Details:

Receipt No.:	Amount Paid:	Accountant:	Signature and Date:

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