



TEST REQUEST FORM

To be filled by Client - Customer Particulars

Company Name

GST / Drug License No. (if applicable)

Address

Contact Person

Designation

Email

Phone No.

Alternate Contact / Email

Sample / Standard Handling Instructions

Status after completion of analysis:

Sample Return

Sample Discard

Standard Return

Standard Discard

Impurity Return

Impurity Discard

Other items to be returned

Declaration of Purpose

GMP Batch Release

Investigation

Validation / Verification

R&D Release

Development

Other:

Important: Reports for R&D / Investigation purposes cannot be used for GMP or batch release purposes.

Safety, Handling & Disposal

Is the sample cytotoxic / potent / hormonal?

Yes

No

If Yes, mention category

Handling / Disposal Precautions, if any

Additional Instructions



TEST REQUEST FORM

Format No.

Specification No.

STP / MOA No.

Sample Details and Tests Required						
S.No	Sample Name	Batch No. / Condition	Packing	Mfg / Exp Date	Qty	Tests Required
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes / Method References / Special Requirements

I declare that I am the authorized representative of the company and accept the terms applicable to sample submission.

Signature of Client Representative

Date

All sample details shall be filled by client representative. Registration number will be assigned by ALR representative.



TEST REQUEST FORM

Storage, Submission and Report Dispatch

RT 2-8°C -20°C

Other:

Data logger sent, if storage condition is other than room temperature

Mode of Submission:

In-person Courier ALR Local Collection Service

Mode of Report Dispatch:

Email Courier Client collection

For ALR Analyticals Internal Use

Assigned Inward No.

Date of Receipt

Time

Received / Acknowledged by

Registration done by

Sample Receipt Details:

Sample received in good condition Sample label verified Documents received
 MSDS attached COA / Specification attached Data logger received

Is any correction identified in client-filled TRF?

Yes No

Description of Error / Correction Required

Justification / Evidence for Correction

Impact Assessment / Remarks

Corrected / Evaluated by SRO

Approved by QA / Designee