




SQC/QF/7.1/01

**REQUISITION SLIP**

Date .....

From : _____ _____ _____ Contact Person : _____ E-mail : _____ Tel. No. : _____ Fax : _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  </td> </tr> <tr> <td> <b>To,</b>  <b>SATURN</b>                      QUALITY CERTIFICATIONS PVT. LTD.                      RESEARCH &amp; ANALYTICAL DIVISION :                      V-17, Modern Industrial Estate (M.I.E.),                      Red Cross Road, Bahadurgarh, Haryana-124507                      Phone : 01276-267125 Mob.: 08744044780 E-mail                      : lab@saturngroupindia.com                 </td> </tr> </table>		<b>To,</b> <b>SATURN</b> QUALITY CERTIFICATIONS PVT. LTD. RESEARCH & ANALYTICAL DIVISION : V-17, Modern Industrial Estate (M.I.E.), Red Cross Road, Bahadurgarh, Haryana-124507 Phone : 01276-267125 Mob.: 08744044780 E-mail : lab@saturngroupindia.com
			
<b>To,</b> <b>SATURN</b> QUALITY CERTIFICATIONS PVT. LTD. RESEARCH & ANALYTICAL DIVISION : V-17, Modern Industrial Estate (M.I.E.), Red Cross Road, Bahadurgarh, Haryana-124507 Phone : 01276-267125 Mob.: 08744044780 E-mail : lab@saturngroupindia.com			

Kindly receive the sample for analysis whose details are given below and submit test report.

<b>Statement of Conformity</b>	Please Tick if required <input type="checkbox"/>	<b>Decision Rule : As per SQC/FR/68</b> ( Specification or standard, customer requirement regarding statement of conformity)
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<b>Sample Name</b> :	
<b>Sampling Date</b> :	<b>Sampling Location</b> :
<b>Batch No.</b> :	<b>Batch Size</b> :
<b>Sample Qty.</b> :	<b>Brand Name</b> :
<b>Date of Mfg.</b> :	<b>Date of Expiry</b> :
<b>Mfd. By</b> :	
<b>Category</b> : Routine / Priority / Urgent	
<b>Sample Drown by</b> : Laboratory / Customer	<b>Sample Drawer's Name</b> :
<b>Analysis Required</b>	<b>Specification / Method</b>

I had seen labs scope, test methods and other terms and conditions and agree. I also understand that if I requests any deviations and or supplies any information that can affect the validity of results, and insists to proceed with testing, a disclaimer to effect is put on the test report.

Thanks

Customer's Signature & Name

Received by (Signature & Name)

**-: OFFICE USE ONLY:-**

<b>Review</b>	The laboratory has the required resources including methods, materials, machines, facilities & personnel to analyze the above samples as per the customer requirements.	<b>Signature Auth. Representative</b>
<b>Remarks (if any)</b>		