TEST REQUEST FORM

Client Name	
Contact Name	
Contact Number	
Contact Email	
Date Sampled	
Date Submitted	
Client Order Number	
Signature:	

GHL USE ONLY					CHECKLIST (X)	
BATCH ID.					TRF Complete	
Date Received					Sample List	
Time Received					Record Sheet	
Delivery Mode	Client / Customer	Courier	**GHL Collection		CoA	
Temperature (°C)					Initial	
Sample Condition	Acceptable		Rejected		Comment	
**GHL Collection	Date		Time			
	Temp.		Signature			

Sample List

Checked	Sample Number / ID	Sample Identification / Description	Tests Required	Storage [RT = 18-25 °C (R) / Chilled = 1-5 °C (C) / Frozen = < -18 °C (F)]
Comments / Further Instructions				