



CSIR-INSTITUTE OF HIMALAYAN BIORESOURCE TECHNOLOGY
Post Bag # 06, Palampur-176 061 (H.P.)



ANALYSIS REQUEST FORM

Job No.IHBT/

Date.

1. Name of the Customer / Organization:

Address:

2. Reference of Customer request

Date of Receipt.

(sample receiving)

3. Sample Details

S. No.	Sample ID	Sample Code (IHBT)	Analyst/ test requested	Qty	Sample Type	Solubility	Storage condition	Toxic/ Non-toxic	Disposal
1.									
2.									
3.									
4.									
5.									

4. Sampling Plan details (if applicable)

- Date of sampling.....
- Location.....
- Sampling Plan.....

5. Review of test/analysis

Test Possible () Not Possible ()

6. Condition of sample of receipt:

7. Details of Payment:

8. Remarks (if any).....

Signature of Customer/Receiver

Signature of HOD