



INSTITUTE OF HIMALAYAN BIORESOURCE TECHNOLOGY
(Council of Scientific & Industrial Research)
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Format No. SOP/5.8/01/F.01

ANALYSIS REQUEST FORM

Job No.

Date:.....

1. Name of the Customer / Organization

Address:.....

2. Reference of Customer requestDate of receipt.....

3. Sample detail:

S. No.	Sample ID	Sample code (IHBT)	Analysis/test requested	Quantity	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 requestTest Possible () / Not Possible ()

6. Condition of sample on receipt:

7. Detail of Payment:

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

Signature of Customer/Receiver

Signature of QM