



# THE TEEJAY STUDIOS

## TEST REQUEST FORM

Company Name		Contact person :		
Address		Phone :		
		E Mail :		
Date of Sample(s) Sent :		PO No :		
<b>SAMPLE DETAILS</b>				
Sample Description	Batch Number	DOM	DOE	Parameters to be tested*
*Write in all tests or compounds to be tested for or attach a separate sheet with the information				
Total Samples		Turn Around Time		
Protocol for Test Parameters				
Sample Condition				
Report Delivery Mode				
Special Instruction (If any)				
Payment Terms				
Name & Signature of Customer / His Representative :				

Final Receipt by The Teejay Studios	Initials	Date	Time	Acceptance

THE TEEJAY STUDIOS,  
 SHOP NO : 9, ANDAL COMPLEX, THONDAMUTHUR MAIN ROAD,  
 VEDAPATTI, COIMBATORE - 641007

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