



### TEST REQUEST

Document No	: LIRL/F/003
Issue No	: 2
Revision No	: 0
Effective Date	: 01/12/2021

Company name			<b>Instruction</b> 1. The person in charge/sender shall be the person whom our lab technician would contact for reporting of test result. 2. Please fill in the sample's name as labelled on the sample. 3. Please specify the type of sample (e.g., PL, adult shrimp, fish, feed). 4. For the test, please refer to our laboratory testing list. 5. Please put this form in a zip lock/plastic bag and attach this form together with the sample to be sent for testing. 6. Kindly notify us by sending this form via email if possible. 7. It is mandatory to fill in all sections in this form. 8. Please ensure the company name, address, and sample's name are correct as this information will be included in the test report.
Company address			
Person in charge/Sender			
Contact number (office)		E-mail	
Contact number (personal)			
Bill to			
Billing address			
Person in charge (account dept)		E-mail	
Contact number (office)			

#### Sample's details

No.	Sample's name	Type of sample	Test
1			
2			
3			
4			
5			
6			
7			
8			

Remarks	Filled in by (Name & Date)

<i>For office use only</i>		
Reviewed and received by:	Date:	Time:
Remarks:		