**Information Card**

# To be filled by the person who submits the sample/s

|  |
| --- |
| 1. Industry/Institute/University:  |
| 2. Name of the contact person:  |
| 3. Contact No:  |
| 4. Email address:  |
| 5. Address (Invoice should be issued): |
| 6. Number of samples:  |
| 7. Sample/s name:  |
| 8. Test/s request:  |
| 9. Test parameters:  |
| 10. Sample Shelf life:  |
| 11. Sample storage condition:  |
| 12. Sample Type (Organic, Inorganic, Polymer and other):  |
| 13. Known hazardous of the sample:  |
| 14. Sample Disposition:  |

I read the guidelines, terms and condition carefully and agree with the above mention guide lines, terms and condition.

Submitted by Date