Aashirvad Analytical Services
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Govt. Approved Test House
NABL. Accredited Laboratory
LIC. No. 26-LAB-HR
An ISO 9001-2015 certified

TEST REQUEST

Party Name _____

S. No_____ Date _____

1. Name of Sample
2. Batch/Lot No:
3. Date of Mfg.
4. Date of Exp:
5. B. Size
6. Sample Qty
7. MFG-LIC NO.
8. Supplier.
9. Mfg. By.
10. GRN

Test to be performed. As IP/BP/EP/USP/JP/IH Specification

1. Assay: ☐ HPLC ☐ GC ☐ Chemical
2. Related Substance By: ☐ HPLC ☐ GC ☐ TLC
3. Complete Analysis
4. Residual Solvent by GC Name of solvent:
5. Organic Volatile Impurities:
6. Other Test:
7.
8.

Sample submitted by: Sample Received by:

(Signature with seal of company) (Signature & Date)