**Information Card**

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

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| 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