

# INDIAN PHARMACOPOEIA COMMISSION

Ministry of Health & Family Welfare, Govt. of India

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## Analysis Request Form

Dated: .....

From (Address and contact details)

.....  
.....

E-mail .....

PLEASE PROVIDE COMPLETE DETAILS IN CAPITAL LETTERS

Sample Name			
This sample was sent to your lab earlier		YES	NO
Batch No.;		Sample Qty.:	
Date of Mfg.:		Date of Exp:	
Mfg. by		Mfg Lic. No.:	
Supplies by:			
S.No.	Test Required	Claim/Limit/Method	
1.			
2.			
3.			
4.			
5.			

Received by  
Name:.....

Sample given by  
Name:.....

### For Office use only

Expected Date of Completion.....

	Industry	Govt. Institution
Instrument usage Charges		
Goods and Service Tax @ 18%		
Total charges		

Remarks .....

Signature