

Biocare Research (India) Pvt. Ltd

Customer / Client Request Form

Format No.: BR/format/10

Name of the customer / client:

Address:

Telephone / Fax No/Email:

Sample identification (If any):

Date of submitting sample:

Details of test required:

Sr. No.	Sample Particulars* (Pl. Specify No. of Samples and give details)	Test required	Methods to be adopted

Remarks (if any):

Signature of Authorized personnel with date

Signature of Customer / Client