Ver 1.0 Effective Date: 01/07/07 *Last Ver Nil* *Next Review Due On: 01/07/10*

TEST REQUEST – REGULATORY LABORATORY SUBMISSION

This format is a letter of submission from the customer and does not constitute a receipt / acknowledgment of samples or money by CLL. It also does not construe that the sample has been received, tested or accepted by CLL. A separate cash / cheque receipt will be issued by CLL Indore on clearance of payment. No franchisee is authorized to issue the receipts / acknowledgments on behalf of CLL.

To, Head – Regulatory Lab, CLL - Indore **Choksi Laboratories Ltd.** 6/3 Manoramaganj. Indore Phone: +91 (731) 2490592, 2493 592 / 3, 4070019 Fax: +91 (731) 2490593 Email:indore@choksilab.com	**From (Customer's Reporting Address),** *Organization Name:* *Address:* *Authorized Contact Person:* *Designation & Department:* *Tel:* *Fax* *Email:*	**Customer's Billing Address:** *Organization Name:* *Address:* *Authorized Contact Person:* *Designation & Department:* *Tel:* *Fax:* *Email:*
Reference to CLL Quotation:	**Your Manufacturing License Number:**	**Your Work-order / PO Reference:**
Date of Sample Dispatch: *(dd/mm/yyyy)*	**Due Date:** ☐ **Standard,** ☐ **Express:** _____ *(dd/mm/yyyy)*	*(Extra Charges for Express services. Please schedule Express services before sample dispatch. Customers will be notified if their Due Date cannot be met.)*

Dear Sir,
Please analyze the following samples and send your report(s) along with the bills to the address listed above

Sample Nature & Identification	Batch No.	Batch Size	Sample Qty.	Original Mfgr. Name	Date of Mfg.	Date of Expiry	Specification (IP/BP/USP/EP)	Test Parameters

Enclosures : *(1) Standard(s)*_____ *(2) STP(s):* _____ *(3) Other:*_____

*(4a) Cash / Cheque / DD of Amt:*_____ *(4b) Cheque / DD No.& Bank* _____

Instructions for CLL: _____

Sender's Full Name, Signature & Seal:

For use of CLL Only:

Sample Registration – Signature & EIN of Receiver:	**Date of Receipt:**	**Sample ID Allocated:**