

Form No. F/QP09/01	Quality Control Laboratory, DoF, Dhaka	Issue: 01/11/2020 Version: 0
	Test request form (Heavy metal)	

Name of office/company			
Address			
Contact person details	Name		
	Email		
	Mobile No.		
Sample type	<input type="checkbox"/> Water	<input type="checkbox"/> Fish & Fish products	<input type="checkbox"/> Shrimp
	<input type="checkbox"/> Crab	<input type="checkbox"/> Eel	<input type="checkbox"/> Others
Sample description/temperature (if applicable)	<input type="checkbox"/> Dry (Room temperature)	<input type="checkbox"/> Frozen (< 15 °C) <input type="checkbox"/> Chilled	<input type="checkbox"/> Live

Sl. No.	Sample Code	Test required				
		Pb	Cd	Cr	As	Hg
1.		<input type="checkbox"/>				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Customer signature

Date

Received by

Date