

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

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	ED	OA	CAP	Dyes	Sal.	Vibrio	E. coli
1.		<input type="checkbox"/>											
2.		<input type="checkbox"/>											
3.		<input type="checkbox"/>											
4.		<input type="checkbox"/>											
5.		<input type="checkbox"/>											
6.		<input type="checkbox"/>											
7.		<input type="checkbox"/>											
8.		<input type="checkbox"/>											
9.		<input type="checkbox"/>											
10.		<input type="checkbox"/>											

Customer signature .....

Date .....

Received by .....

Date .....