REQUEST FORM FOR ANALYSIS NON-FOOD SAMPLE

1. INFORMATION (TO BE FILLED BY INSTITUTION SUBMITTING SAMPLES)

Institution Name : .................................................................
Institution Address : ..............................................................
Contact Person : ......................................................................
Position/status : ......................................................................
Signature : ................................................................. Date : ........................................
Tel No : ......................... Fax No : ......................... Email Address : ..............................

2. SAMPLE INFORMATION (TO BE FILLED BY INSTITUTION REQUESTING THE ANALYSIS )

Sample Description : ................................................................
............................................................................................
Brand Name : ........................................................................
Type of Packaging : ..................................................................
Quantity submitted : ..............................................................
Net Weight/Volume per Unit : ...................................................
Specific Storage Conditions : ☐ Not Applicable ☐ Yes (Specify) :

3. ANALYSIS REQUIRED

Test(s) Requested : ..................................................................
............................................................................................
............................................................................................
............................................................................................
............................................................................................

4. PURPOSE OF ANALYSIS

☐ Routine ☐ Surveillance ☐ Other (Specify) :

I agree that :
(i) information given above are true and correct,
(ii) information/data will be stored and used in accordance to the Data Protection Act and disclosure of same by you (customer) will be at your own responsibility, and
(iii) I will be informed in advance on information that the Government Analyst Division intends to put in the public domain.

Name of Officer/ Individual submitting sample : .................................................................
Status : ............................................................... Signature : ........................................ Date : ........................................
### 6. CRITERIA FOR SAMPLE ACCEPTANCE

**(FOR LABORATORY USE ONLY)**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>✓ Yes</th>
<th>✗ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Sample accompanied with request form (GAD/DI/086)</td>
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<td>(ii) Request form completely filled and signed</td>
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<td>(iii) Test(s) requested specified</td>
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<td>(iv) Type of packaging specified</td>
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<td>(v) Specific storage conditions mentioned</td>
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<tr>
<td>(vi) Condition of sample during submission as specified in request form</td>
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<td>(vii) Name on sample tube is legible and corresponds with that on request form</td>
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<td>(viii) Any visible damage/leakage</td>
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<td>(ix) Minimum Quantity agreed as per Official Quotation, Letter or communication</td>
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<tr>
<td>(x) Packaging needs to be labeled and unopened (Not applicable for complaints)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Sample meets acceptance criteria: Yes [ ] No [ ]

Remarks/Observations (if any): ...............................................................

Sample Criteria verified by: ................................................... Signature: ..........................................................

### 7. REVIEW OF REQUEST

Review of request done with regards to Resources (Personnel – Availability and Competence, Equipment, Certified Reference Standard/ Material, Consumables), Appropriate Methods or procedures, Turn around Time(TAT) and sample **can be accepted**/ **cannot be accepted**. *(Delete as appropriate)*

Remarks (if any): ..................................................................................

Review of request done by:

Name: ...................... Status: ...................... Signature: ...................... Date: ......................

### 8. SAMPLE ACCEPTANCE

**Sample Accepted**

Sample(s) condition upon receipt: [ ] Ambient  [ ] Chilled  [ ] Frozen  [ ] Other: ............

Received by: ...................... Signature: ...................... Date/Time: ......................

**Sample Not accepted**

Reason for non-acceptance: ..............................................................

Justified by: ............................................................... Signature: ..........................................................

Sample returned: [ ] Yes  [ ] No  [ ] Discarded  Date/Time: ......................

Sample returned to: ............................................................. Sample returned by: ..........................................................

### 5. COMMUNICATION/RECORD OF REVIEW/PERTINENT DISCUSSION WITH CUSTOMER ON DEVIATION FROM METHOD AND TEST REQUESTED (IF ANY)

Name of Officer (Laboratory): ...................... Signature: ...................... Date: ......................

Name of Officer (INSTITUTION SUBMITTING SAMPLE): ...................... Signature: ...................... Date: ......................