



TAMILNADU TEST HOUSE PRIVATE LIMITED

www.tamilnadutesthouse.com

TAMILNADU TEST HOUSE

Company Name		Contact Person:		
Address		Phone :		
		Email :		
Date of Sample(s) Sent:		PO No :		
SAMPLE DETAILS				
Sample Description	Batch Number	DOM	DOE	Parameters to be tested*
*Write in all tests or compounds to be tested for or attach a separate sheet with the information.				
Total Samples		Turn Around Time		
Protocol for test Parameters				
Sample Condition				
Report delivery Mode				
Special Instruction if any				
Payment Terms				
Name & Signature of Customer / His representative:				

Final receipt by TNTH	Initials	Date	Time	Acceptance