



AumNamah Radioanalytical Laboratory LLP (A Testing Laboratory)

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Service Request Form (SRF)

Doc No.- ANRL/LF/7.1/03

SRF No. (Assigned by Lab)								Date-
Name of Organization / Client								
Contact Person								
Address								
Phone / Email								
Customer Reference No. (if any)								
Sample Information								
Sr. No.	Batch No. / Lot No. / Sample ID (Customer)	Sample Type / Description	Mfg. Date & Expiry Date	Qty/ Vol	Sample Storage Condition	Test Required	Standard Method	Sample ID (Assigned by Lab)
Purpose of Test / Regulatory Requirement (if any)								
Scope of Accreditation Required (Yes/No)								
Statement of Conformity Required (Yes/No) (If Yes, Please Specify the Acceptance Criteria with Ref. Standard.)								
Remarks:								
Requested by (Customer Signature & Date)								

Sample Received Date	
Expected date of completion of Job	
Condition of Sample on Receipt	<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable
Received by (Signature & Date)	
Accepted by (QM / TM Signature & Date)	

Note: This form shall be maintained as a controlled record as per ISO/IEC 17025 requirements.
Any amendments to service request shall be documented, communicated, and acknowledged by both parties.