



RELITEST SERVICES LLP

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LAB TEST REQUISITION FORM

Customer Reference : _____ Date : _____

Customer Name : _____

Customer Address : _____

Customer City/State/Zip : _____ GSTIN : _____

PO No. (If Issued) : _____ Date : _____

Contact Person : _____

Contact Email : _____ Contact No. _____

TESTING REQUIREMENTS

	SAMPLE NO.	I	II	III	IV	V
	MATERIAL INFORMATION	Description				
Applicable Standard						
Size						
ID/Heat Number						
Stamped By						
Witnessed By						
PHYSICAL TESTING	Tensile Test					
	Hardness Test					
	Imapct Test					
	Bend Test					
	Corrosion Test					
	Metallography Test					
CHEMICAL TESTING	Spectrometry Analysis	___ Elements	___ Elements	___ Elements	___ Elements	___ Elements
	Wet Method Analysis	___ Elements	___ Elements	___ Elements	___ Elements	___ Elements
	Positive Material Identification	___ Elements	___ Elements	___ Elements	___ Elements	___ Elements

Decision Rule Applicability for the Material Being Tested as per ? Yes / No

Remarks _____

Please send the form by Email (info@reliabletestingservices.com),
courier or drop at our office in-person along with the material to be tested

For any questions regarding this form or testing requirements, please call us at
+91 91677 10630/31