



PT. BUREAU VERITAS INDONESIA Laboratory
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 BVI-0005-FM
 Rev 02

<input type="checkbox"/>	Regular Service
<input type="checkbox"/>	Express Service
<input type="checkbox"/>	Urgent Services

Analysis Request Form

Report Information	Bill to Information
Company :	Company :
Address :	Address :
Contact name :	Contact name :
Tel/HP :	Tel/HP :
Email :	Email :

Received Date :

Sample Description	Reff No	Weight/Vol	Parameter	Method	Remark

Notes:

Sample condition: Normal Other:

Sample condition: Frozen Chilled Room temperature

Sample after tested : Return Dispose Return container only

Submitted By,

Received by

Date :
 Name:
 (Authorize Signature)

Date :
 Name :
 (Authorize Signature)

For Lab Use Only:	
Job No : _____ Due Date : _____ AWB# : _____ Payment Status : <input type="checkbox"/> Advance Cash <input type="checkbox"/> PO. Invoice No: <input type="checkbox"/> Others: Subcontract to : _____	EC : _____ RA : _____ OC : _____ <div style="text-align: right; margin-top: 20px;">Confirm By : _____</div>