
	P. O. Box 7137, Mbabane Email: info@esera.org.sz Website: www.esera.org.sz Contact: +268 2404 2103 / 8425		Revision	00
			Effective date	01/09/2021
	Doc no.	PET/LAB/QAP710	Approved by	Sanele Thwala
			Signature	
TITLE: REVIEW OF REQUEST FORM				

Send Results To;	Contact Person;	
Attn;	Name:	
Company;	Cell number:	
Address;	Email:	
Phone;	Results are to be; (check all that apply)	
Fax;	Faxed	
Email;	Emailed	
	Mailed	

Customer Requirements

Type & Number of Samples	
Reason for Testing	
Any Specific method required?	
Is a statement of conformity required	
If yes against which standard or specification	
Any other customer requirements?	

Laboratory Confirmation

Does the laboratory have the capability and resources?	
Are the tests requested by the customer appropriate? If no suggest methods	
Other discussions with customer:	

Customer (Sign & Date)

Lab Manager (Sign & Date)

Sample Submission (To be completed when submitting the samples)

Sample reference no. (customer)	Sample Type	Sample source	Reason for submissions

Use additional paper, if necessary.

Note 1: Samples are retained for 30 days

Note 2: Turnaround time is 10 working days

Note 3: results are only representative of the sample submitted.

_____ **Customer (Sign & Date)**

_____ **Lab Rep (Sign & Date)**

LABORATORY USE ONLY

Received by:	Conditioned Received in: Refrigerated <input type="checkbox"/> Ambient <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Damaged <input type="checkbox"/>
--------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Sample reference no. (customer)	Sample no. (Laboratory)	Tests to be done			Comment
		Petrol	Diesel	Other	
