FOOD TESTING LAB NIFA, PESHAWAR	Request/Contract Form for Samples Analysis	FTL-M-SOP-RCD-008 REV. 02

Date: _____

(A) To be Filled by Customer

Name: Address:	Mobile No.: E. mail:
Sample Type (✓) relevant box Food ☐ Water ☐ Any other ☐	Sample Code/ID: _____ Date of Sampling: _____ Time of Sampling: _____
Test Method to be Used:	Method followed by Lab ☐ / Any other _____
Measurement Uncertainty:	Required ☐ / Not Required ☐
Statement of Conformity:	Required ☐ / Not Required ☐

(B) To be filled by Lab. Personal

Sample Status: Sealed ☐ / Open ☐	Sample Temp. (°C)
Sample Condition: Satisfactory ☐ / Not Satisfactory ☐	Recommendation: Fit for Analysis ☐ / Not Fit ☐
Number of Sample (s):	Sample ID:
Estimated Report Time (Days):	

(C) Selection of Packages/Tests/Parameters

Proximate Analysis (3500)		Moisture (500)		POV (600)		T. Alkalinity (200)		Viscosity (300)	
Complete Water Test (6000)		Fat (700)		FFA (800)		Chlorides (250)		Sens. Eva. (1500)	
Flour Analysis (8000)		Crude Fat (600)		UV Abs. (500)		Sulphate (250)		Phys. App. (200)	
Mineral Contents (1250)		Ash (800)		TPC (1000)		Carbonate (200)		Iron (700)	
Microbial Test (5000)		Protein (800)		TFC (1000)		Bicarbonate (200)		Dry Gluten (500)	
Domestic Users (3000)		Fiber (700)		T. Coli. (1000)		Phosphate (250)		Iodine (600)	
Juice/Squash/Syrup (10,000)		T. Carbs (300)		Fecal Coli. (1000)		Red. Sugar (800)		Minerals (1000)	
Salt Analysis (1000)		T. Phenols (600)		E. coli (1000)		T. Inv. Sugar (1000)		Ca (250)	
Other tests (Kindly Specify):		DPPH (1500)		pH (300)		T. Titr. Acidity (500)		K (250)	
		T. Flav. (700)		EC 300)		HMF (1000)		Na (250)	
		Sp. Gravity (300)		Hardness (200)		Vit. C (700)		Li (250)	
		TDS (200)		°Brix (400)		Digestion (250)			
		Total Cost (Rs.) =							

(D) Terms & conditions

1. *The test report will be applicable only to the sample (s) provided by the customer.*
2. *Lab has no responsibility for sampling error. Any change in the sample after submission, will be treated as **"new sample"**.*
3. *Sample will be kept for maximum of 1 week in record as reference after the report generation.*
4. *Lab will not be responsible for misuse of data/results/report of analysis by the customer.*
5. *As per the Lab policy, provided samples and their corresponding reports will be kept confidential.*
6. *Analytical costs are non-refundable.*
7. *In case of sample wastage during analysis, lab will not be held responsible.*
8. *Lab will not be responsible for analysis delay (if any), due to natural calamities, power failure or malfunction of instrumentation.*
9. *Terms and conditions of analysis can be changed by mutual consent before start of sample analysis.*
10. *In case of any conflict, after signing the agreement, decision of the Director NIFA shall be held final for both parties.*

Customer's Signature: _____

Lab In-charge: **Name:** _____ **Signature:** _____
(May please be allowed for analysis)

Head FND: (Recommended/ Not Recommended): **Signature:** _____

Director NIFA: (Approved/ Not Approved): **Signature:** _____

For detailed cost of analysis/test, please visit NIFA website: www.nifa.org.pk
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