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TEST REQUEST FORM FOR DCI SAMPLES

To,	Dr. K. S. Lole, Hepatitis Group ICMR-National Institute of Virology (NIV) 130/1 Sus Road, Pashan- 411021 Pune, Phone No. 26006322/323

PRODUCT DETAILS

Sr. No.	Product	Batch No.	Mfg. Date	Expiry Date	NIV Code *(For NIV use only)*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

OTHER DETAILS

Storage conditions		
Test requested		
Manufactured by/ Supplied by		
Additional information		

SECTION TO BE FILLED BY TESTING LABORATORY

Date of Receipt		Verification of sample packing	☐ Satisfactory ☐ Not satisfactory	
Sample Temperature		Receiving Time		
Comments (If any)				
Signature/Date				

Sender Details:

Authorised Signatory (Name and signature):

Report to be sent/dispatched to Address:

Email ID: Phone no.: