



ICMR-NATIONAL INSTITUTE OF VIROLOGY

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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 <i>(For NIV use only)</i>
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	<input type="checkbox"/> Satisfactory <input type="checkbox"/> 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.: