



Quality Control Test Request and Results

(Ref. SOP QMS-190 Inspection, Sampling and Disposition of Incoming Goods)

Requested by:		Date:	
Department:			
Product Description:			
Date Received:			
Item Number:		Batch/Bulk Number:	
QIS Number:		Storage Conditions:	
Tests Required:			
Reason for Test:			
Results Required by:			
Delay in Sampling:			
Approval: QA/QC Manager		Date:	

Lab Sample Number:		External Testing – Sample Sent (Tick)	
Date Work Commenced:			
Date Work Completed:			
Laboratory Results/Reference:			
Comments:			
QC Analyst:		Date:	
Checked by:		Date:	