

CUSTOMER REQUEST FORM

Date of Request	22/01/2026	Request ID	ENQ0006
Company Name	VitaBio		
Address			
Contact No.	1457896523 / 9957824631	Fax No.	dfsdf
Email	RRP@VitaBio.com	Contact Person	Rohit Patil Patil
Designation & Department	Manager	Shipping Agency & Airway Bill No.	

Scope Of Contract

#	Sample Name	Batch No/ID	Test Method	Test Parameter	Specification (if any)	Size/Unit	No. Of Samples	Remarks
1	Samp1	Batch2	min	test	dg	G	356	fdryre

NOTE:
 • Samples of Fresh Perishable, Refrigerated or ready-to-eat food shall be transported in a thermocol box with dry ice at temp between 1°C - 4°C. • Prior intimation should be given for sending the samples back. Samples will be tested as per the test method/standard and conditions specified by the customer.

Customer Name: VitaBio

Customer Signature:

NOTE : PLEASE USE ADDITIONAL NUMBERS / SHEETS IF REQUIRED.

For Laboratory Use

Received By:

Sign & Date: