

ACKNOWLEDGEMENT FORM FOR PT SAMPLE RECEIPT

PT number: NRL/PT-FV/2020/Grape-1

Test: Proficiency Testing (PT) for analysis of pesticide residue in grape homogenate

Contact details:	
Name of the Laboratory:	
Name of authorised person:	
Address:	
Phone:	
E-mail:	
Courier payment (details):	Paid/Not paid
Sample ID:	
Condition of sample (Texture and Temperature):	
Remarks:	

I hereby accept the PT sample for further action.

Date:

Signature of laboratory authorised person:

****Please complete this acknowledgement form and email a scanned copy to apedanrlpt@gmail.com on the day of receipt of the PT sample.***