NRL/QSF-PT/4.9/02

**ACKNOWLEDGEMENT FORM FOR PT SAMPLE RECEIPT**

**PT Number: NRL/PT-FV/2024/Grapes-3**

**Test: Proficiency Testing (PT) program for analysis of pesticide residue in Grapes 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 processing.

|  |  |
| --- | --- |
| Date: Signature of Lab authorised person:  |  |

### *\*Please complete this acknowledgement form and email a scanned copy to* *apedanrlpt@gmail.com* *on receipt of the PT sample without any delay.*