

# Laboratory Testing Certificate

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**Certificate Number:**

**Date of Issue:**

**Laboratory Name:**

**Address:**

**Contact Number:**

## Sample Information

**Sample Name:**

**Sample ID:**

**Date Received:**

**Condition:**

## Testing Details

**Test Performed:**

**Test Method:**

**Result:**

**Remarks:**

## Certification

This is to certify that the above sample was tested in accordance with the stated methods and the results are as indicated above.

**Laboratory Technician:**

**Signature:**

**Date:**