

Laboratory Testing Certificate

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: