



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཆས་དང་སྐྱེན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY
INSPECTION SERVICES



STANDARD SAMPLING FORMAT

Food Sample Submission Form
Reference No.:

Date of Inspection _____

Submitted by:
Address:
Phone No:
Fax No:
E-mail:
Date of sample collected: Date of sample submitted:

For laboratory use only
Registration No.....
Date:.....

Sample Description

Sl. No	Sample Type	Manufacture date & batch no.	Expiry date	Qty.	Sample collected from	Test Requested	*Sample storage condition	For laboratory use only	
								**Sample Condition	FTL Code
1.									
2.									

* Sample Storage condition : (Room Temp.)/ (Refrigerator) / (Freezer)
** Sample condition upon receipt : (Normal) / (Abnormal)

Purpose of Test Requested

1. Export to	
2. Import From	
3. Monitoring/Regulatory	Regulatory purpose
4. Research	
5. Others	

Signature/Official Seal
Date:.....