



XCELLOGEN BIOTECH INDIA PVT LTD
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SAMPLE SUBMISSION FORM

- Customer Name:
- Designation:
- Institution:
- Contact Details:
- Email ID:
- Date of Sample Submission:
- Type of Sample: (Put tick mark)

Microbial/Chemical /Water /Natural/Solvent extract/hazardous/clinical sample/
in vivo sample

- Storage at:
- Samples/product need to handover after analysis.....
- Solubility:
- Invoice in the same of:
- Do you like to receive e mail or SMS notifications regarding our upcoming training programs and updates:

Yes/ No

- If referred by a person please mention the name (Optional).....

Research/ Analysis work details

Sl. No	Name of Analysis	Sample Code (Use coma for more samples)	Number of Samples

Customer Signature

Thank you for choosing us as your research partner

Terms and Conditions

- The initiation of analysis will be done only after the full payment.
- Payment can be made through cash/NEFT etc. Kindly inform the transaction details and ask for receipt after payment.
- Fifteen (15) working days will be minimum duration to execute the work. Duration will calculate from the date of receipt of (both) sample and payment.
- Duration taken to deliver and quality of the analysis report will vary based on the type of sample and type of the analysis work you are choosing. Our company Xcellogen Biotech India Pvt Ltd is not liable for any lose caused due to delay in delivering analysis report.
- All submitted samples should be non-hazardous/noninfectious to humans. Customer is responsible for all expenses, which can occur during the analysis of their samples.
- Estimated amount during sample submission may vary due to excess requirement of chemicals, time etc.
- Paid amount not refundable at any circumstance.
- After completion of your work, samples will be discarded. If samples to be handed over to the customer, at the end of the analysis, kindly mention in the sample submission form.

I understood and accepted above mentioned terms and conditions. I acknowledge that all above mentioned things are true to my knowledge.

Total Cost (Approximate):

Mode of Transaction:

If any comments please mention here:

Customer Signature with date:

For Office use only

Sample Received by:

Invoice number:

Amount received with date:

Comments if any: