From:		To	To: The IHS Laboratory, Sivananda Rehabilitation Home Campus, Kukatpally, Hyderabad, TS500072, India. Email: ihslab@ihs.org.in ; Fax: 23241567	
Sir/Madam,				
Water Quality Test Requisition Letter (TRL1)				
record(s) giving	information ab	•	date(s) of collection	The sample collection and person(s) collecting
1. Bottle Id, Service Code (SvCd), Package Name, Addl Parameters, if any:				
Bottle Id	Id SvCd Test Packag		kage Name	Addl. Parameters
[For service codes, test package and single or limited parameter names, please refer to the latest catalogue of water quality tests, downloadable from: http://www.ihs.org.in/lab/wqt/IHSLabWaterQualityTestsCatalouge.pdf] 2. Purpose of the test and nature of my / our concerns. Why did I / we think about the test? (Client concerns); Separate by Bottle Id, if required:				
Mobile of land 4. Email add	dline number	tional clarification Contact person munication of to	ı name Prefe	ce and the sample:
Thanking you, yours sincerely				
Place, and Date			Sign	ature