



Certified Laboratories

A Certified Group Company

Certificate of Analysis Revision Request Form

CLIENT INFORMATION:		
Company Name:		Date:
Certificate Issued:	Analytical <input type="checkbox"/>	Microbiological <input type="checkbox"/>
MQL Accession Number:		
Test(s) Requested:		
Sample Description/Lot Number:		
Revision(s) Requested:		
Reason(s) for Revision Request:		
Revision Requested by:		
	Name	Title
Signature of Requestor:		
FOR LAB USE ONLY:		
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		
Reviewed By:	Date:	

Lab Error? Yes No (If yes, forward to QA for Corrective Action implementation).