DSS
جابتن ڤرخدمتن ساءينتيفيك
DEPARTMENT OF SCIENTIFIC SERVICES
MINISTRY OF HEALTH

PCY(F)-023
Analysis Request Form

Commonwealth Drive, Jalan Menteri Besar,
Berakas BB3910 Negara Brunei Darussalam

Tel.No.: 2382424
Fax No.: 2381946

CLIENT DETAILS (to be filled in by client)		**FOR OFFICE USE**
Name:	Email:	Name & Signature of Receiver:
Position:	Client's Reference:	Date & Time Received:
Department/Section:	Tel/Fax:	PCY Reference No: DSS/PCY/
Name & Signature of Sender:		Remarks:

SAMPLE DETAILS (to be filled in by client)							**FOR OFFICE USE**	
No.	**Name of Product**	**Manufacturer**	**Batch No.**	**Expiry date.**	**Quantity**	**Test Requested**	**Sample ID**	**Remarks**
1							DSS/PCY/	
2							DSS/PCY/	
3							DSS/PCY/	
4							DSS/PCY/	
5							DSS/PCY/	

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6							DSS/PCY/	
7							DSS/PCY/	
8							DSS/PCY/	
9							DSS/PCY/	
10							DSS/PCY/	

DECLARATION

1. I declare that the above information is correct and I have read and understood the Sample Acceptance Criteria issued by Pharmacy Section.
2. I understand that the Department of Scientific Services shall ensure the protection of my confidential information and propriety rights.
3. I understand that when the Department of Scientific Services is required by law or authorized by contractual arrangements to release confidential information, I will be notified of the information provided in advance

Pharmacy Section Receiving Stamp

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Client's Signature and Date