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Issued by	Dr. Ghada Elgendy
Approved by	Prof. Ghada Ismail
Approval Date	02/06/2020

Proficiency Testing Unit
Reference laboratory for Egyptian University
Hospitals

المجلس الأعلى



Request/Contract

## **Request/ Contract**

A) Request	
Laboratory name	
Customer name	
Tel.	
Email	
Date of request	
Program request	
Required Tests	
Required Sample type	
B) Review	
Capability and Resources To Meet Requirement (available / not available)	

Customer Representative:
Signature:

Checked & received by:
Signature:

Reviewed& approved by: Signature: