



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

Tel.No.: 2382424
Fax No.: 2381946

FOR RECEIVING STAFF ONLY				
Lab Ref.:	Name:	Initial:	Date:	Time: AM / PM**

- I hereby declared that the information(s) below is/are correct.
- I hereby have read and understood the Receiving procedures for food, water, swab, pharmaceutical and cosmetic samples by government agencies (MIC(P)-001), Rejection Procedure for food, water, pharmaceutical and cosmetic samples (MIC(P)-003) and Pharmaceutical Sample Acceptance Criteria (MIC(G)-PSA) by Microbiology Section, DSS.
- I understand that the Department of Scientific Services shall ensure the protection of my confidential information and proprietary rights.

FOR NEW CLIENT ONLY	
Company's Name & Address:	

Client's ID: DSS-C	Client's Ref.:	Sender's Name:	Signature:	Date:	Time: AM / PM**
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Sample Ref. No.	Sample Description		Weight / Volume	Qty	Batch No.	Production Date	Expiry Date	Sampling			**Test (s) requested	
	Name	Type*						Place of sampling / Sample origin	Date	**Time		
										AM PM	TAMC	TYMC
											OTHERS:	
										AM PM	TAMC	TYMC
											OTHERS:	
										AM PM	TAMC	TYMC
											OTHERS:	
										AM PM	TAMC	TYMC
											OTHERS:	

*(L) Liquid (S) Syrup (T) Tablet (SP) Suspension (C) Capsule (O) Others – please specify

**Please circle



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