**Revalidation Request Form (To be submitted in Duplicate)**

**(For Client Use)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name** |  | **WSP Name** |  |
|  |  |  |  |
| **CMSE Client ID** |  | **Warehouse Code** |  |
|  |  |  |  |
| **RP / CP ORG ID** |  | **Commodity Name** |  |
|  |  |  |  |
| **CMSP Client ID** |  | **Location** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **CMSE Lot No** | **Commodity Code** | **Quantity** | **Validity Date** | **EDD** | **Sample Number** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |

**(For Warehouse Use only)**

|  |  |
| --- | --- |
| **Transaction Number :** | **Assayer Name :** |
| **Transaction Date:** | **Assaying Agency :** |

**Acknowledgement**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF STAFF** |  | | |
| **SIGNATURE** |  | **STAMP** |  |
| **WAREHOUSE NAME** |  | **DATE** |  |