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

**(For Client Use)**

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

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| --- | --- | --- | --- |
| **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** |   |   |  |  |   |   |
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| **19** |   |   |  |  |   |   |
| **20** |   |   |  |  |   |   |

**(For Warehouse Use only)**

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

**Acknowledgement**

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