

**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	