



Laboratory Result

Request number:

Customer:

Page:

Collection Date:

Test Date:

Environmental conditions:

Sample's name:

Method of testing:

Results:

Technician/Analyst

1. _____
2. _____
3. _____

Approved by _____
(_____)

Director of Expert Centre of Innovative Agriculture

Supervisor _____
(_____)
Senior researcher

Date ____ Month ____ Year ____

The validity of the test results only applies to the specified sample
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