



PHILIPPINE TEXTILE RESEARCH INSTITUTE
Technical Services Division
Gen. Santos Ave. Bicutan, Taguig, Metro Manila

REQUEST FOR FAX TRANSMISSION OF TEST REPORTS

Control No.: _____

Date : _____

Client: _____

Fax No.(s): _____

May we request for fax transmission of our Test Report with Reference No. _____

Signature over Printed Name

Approved by: _____

QMgr

Note: To ensure the protection of confidential information and proprietary rights in the transmission of test reports by fax, only completed and signed form shall be honored.

FAX TRANSMITTAL SHEET

Total No. of Pages Including this Page: _____

Test Report No. (s): _____

Dear Sir/Madam:

Please find herewith test reports as per your request for fax transmittal dated _____.

Records Staff/Date

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