|  |  |
| --- | --- |
| Insert logo here | Street Address, City, ST ZIP Code  Telephone  Email wordexceltemplates.com |

Company/laboratory Logo

Date of Issuance

Laboratory Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Certificate Number |  |
| Manufacturer Name |  |
| Manufacturer’s Address |  |
| Manufacturer’s Contact |  |
| Supplier Name, if different from the Manufacturer |  |
| Item Name |  |
| Item Code/ID |  |
| Date of Manufacture |  |
| Batch Number |  |
| Quantity Produced |  |
| Product Receiving date |  |
| Lab’s Batch number |  |
| Quantity Received/Tested |  |
| Product’s Expiry Date |  |

This is to certify that the following data is the true reflection of the findings of the tests carried out at XXX lab on the above stated batch number. The results are based on various investigations and assays. Sound and latest technology was used for conducting the tests and an expert team of workers were involved to prepare the analysis of the tests’ findings.

|  |  |  |  |
| --- | --- | --- | --- |
| Testing Characteristic or Feature | Findings and Results | Specifications | Any Improvement required or any major mismatch with the set quality standard |
|  |  |  |  |
|  |  |  |  |

The tests were initiated on the same day of receiving the shipment and the duration of testing procedures was two days. This certificate ascertains that the products had the required specifications and met the set standards of quality. No major improvements are needed. We approve this batch of the products and certify that our investigation before the shipment revealed satisfactory results.

All the above information is based on the supplier’s provided details, for which, if was incorrect, we hold no responsibility. We have used our best knowledge in conducting the tests and stating the above findings and we have attempted to avoid any incorrect or misleading information.

Date of Release\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Validity of certificate \_\_\_\_\_\_\_\_\_\_\_

Lab Manager Name\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_