



Republic of the Philippines
Bangsamoro Autonomous Region in Muslim Mindanao
MINISTRY OF SCIENCE AND TECHNOLOGY
Bangsamoro Government Center, Cotabato City



MEMORANDUM

Order No. 018
Series of 2023

FOR : **ALL S&T CENTERS HEADS AND STAFF**
This Ministry

THRU : **ENGR. ABDULRAKMAN K. ASIM**
Bangsamoro Director General

SUBJECT : **SUBMISSION OF SAMPLE FOR PRODUCT TESTING OF MSMEs UPGRADING BENEFICIARIES**


DATE : **30 March 2023**

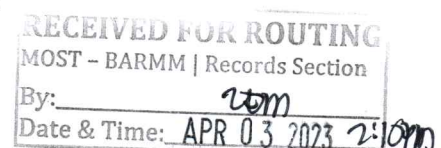
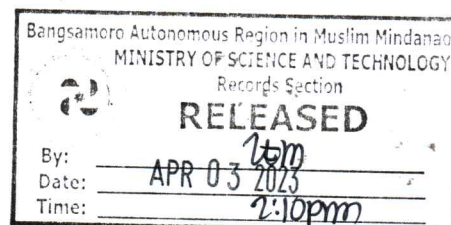
In order for our previously assisted enterprises to adhere to food safety regulations, ensure their products are safe from physical, chemical and biological hazards and comply with one of the mandatory requirements of product labelling (nutrition facts), you are hereby directed to coordinate with our assisted enterprise of the schedule of their product submission for testing.

You may refer to the attached document for the instructions in collecting samples for testing and to this link for the schedule of submission: <https://tinyurl.com/8unvnrzu>

The STS Division (STSD) thru its Technology Transfer Section (TTS) will coordinate with you further regarding this request.

For your guidance and strict compliance.


ENGR. AIDA M. SILONGAN, MAPDS
Minister





SAMPLE REQUIREMENTS

- For Water Samples
 - Collect sample container from MOST-BSHTL Office.
Water sample at least 350ml for analysis
 - Label the sample bag with date and time of sampling
 - Within six (6) hours from time of sampling must be received by the Laboratory and must be ice box with ice
- For Food Samples
 - Submit sample as per bottled/ packaged of final product at least 1kg
- For Nutrifacts Analysis
 - Submit sample as per bottled/ packaged of final product at least 1kg

Note:

- ✓ Submit your sample along with your filled-out Customer Information Sheet and Calibration/ Analysis Request Form (see attached).
- ✓ Coordinate with MOST-BSHTL as to the sample container.



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Bangsamoro Standards and Halal Testing Laboratories (BSHTL)
FIId-Gen-025, Rev.00, December 27, 2022

CUSTOMER INFORMATION SHEET

Name of
Customer/Agency/Firm: _____

Head of
Agency/Firm: _____

Address: _____

CONTACT INFORMATION

Cellphone / Telephone No: _____

Fax No: _____

Email Address: _____

REQUEST INFORMATION

Type of Sample: ☐ Food
☐ Water
☐ Others, specify: _____

Nature of Business:

☐ Government
☐ Private
☐ Manufacturer/Industry
☐ Water Refilling Station
☐ Academe

Purpose of Analysis:

☐ Nutrition Labeling
☐ Tariff/Registration
☐ R & D
☐ Bidding

☐ Export
☐ Quality Evaluation
☐ Others, pls.

specify _____

Others, pls.

specify: _____

Sample Submitted by:
(Name & Signature)



CALIBRATION/ANALYSIS REQUEST FORM

Fild-Gen-002, Rev. 02/ 27 December 2022

Fields with a check (✓) mark shall be filled out by customer. Please write LEGIBLY as this information will be reflected in Report of Analysis.

☐ New Customer ☐ Returning Customer ☐ PWD/Senior Citizen/ Students

✓ **Company/Customer Name:** _____

✓ **Address:** _____

✓ **Contact Person:** _____

✓ **Mobile No.:** _____

✓ **Email Address:** _____

✓ **Nature of Business:**

☐ Food/Beverage ☐ Construction ☐ Electronic/Semiconductor ☐ Chemical/Petrochemical ☐ Academe
☐ Agriculture ☐ Pharmaceuticals ☐ Transport (Shipping) ☐ Mining ☐ Government
☐ Metals & Engineering ☐ Hospital ☐ Plastic/Rubber Manufacturing ☐ Trading ☐ Others _____

✓ **Sample Type:**

☐ Food/Beverage ☐ Drinking Water ☐ Wastewater ☐ Surface water ☐ Process/treated water
☐ Others: _____

Sample Code	✓ Sample Designation/Identification /Source	✓ Sample Description (e.g. sealed or unsealed, volume, etc.)	✓ Date & Time of Sampling	✓ Analysis Required	Method

Estimated date of analysis completion: _____

Customer's Special Instruction/Remarks: _____

✓ **Mode of Release:**

☐ Pick-up ☐ E-mail (scanned copy)

To be filled out by the Customer Relation Officer:

Upon receipt, the sample requirements submitted have been checked and that sample is:

☐ Within specification ☐ Out of specification, Why? _____

I do hereby agree to the terms and conditions stated at the back of this form.

Conforme:

Customer/Authorized Representative

Sample/s Received by:

Sample/s Reviewed by: