

## General Test Request Form

Company name		Postal address	
Contact name			
Tel			
email		Purchase Order No. (if used)	

### Sample Description(s)

*Please ensure all the details are correct as this information will appear on the test report. Don't forget sample batch numbers etc. if this information is important to you.*

### Tick the tests you need

Total Viable Count (TVC)

#### Specified Pathogen Testing (SPT)

Absence of

- Staph. aureus*
- Pseudomonas aeruginosa*
- Candida albicans*
- E coli*
- Salmonella
- BTGNB (Bile Tolerant Gram-negative Bacteria)
- Other (specify):

*Approximately 10 ml or g is required for each of these tests*

#### Preservative Efficacy Test (PET or Challenge test)

Choose which method you prefer

ISO 11930   
*(the default method for most cosmetic products)*

European Pharmacopoeia (EP)

*A total of approximately 150 ml or g is required for these tests*

### Other tests / information