Please send samples to:

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Pharmaceutical Product Test Request Form

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

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| GMP - The assumption for pharmaceutical products is that the testing is to GMP. Please tick here if that is **not** the case; |
| Sample is not GMP □ |

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| 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.* |
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| **Validation** – Does the sample need a validation prior to routine testing?  GMP samples will require this. If we have tested your sample type before please include the validation reference if known. | |
| □ Sample requires validation  □ Sample does not require validation. Previous validation reference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Tick the tests you need | |
| □ **Total Viable Count (TVC)**  **Specified Pathogen Testing (SPT)**  Absence of  □ *E coli*  □ *Staph. aureus* □ *Pseudomonas aeruginosa* □ *Candida albicans*  □ *Salmonella*  □ BTGNB (Bile Tolerant Gram-Negative Bacteria)  □ Other (specify):  *A total of approximately 50 ml or g is required for these tests* | □ **Preservative Efficacy Test**  **(PET or Challenge test)**  Our default test method is that of the European Pharmacopoeia (EP). Please indicate below if you would prefer a different method.  □ Other (specify):  *A total of approximately 150 ml or g is required for these tests* |
| Other tests / information | |
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| For more information about our services please visit www.mcslabs.co.uk | |