

## Pharmaceutical Product Test Request Form

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

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

### 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.*

### 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

<input type="checkbox"/> Total Viable Count (TVC) <b>Specified Pathogen Testing (SPT)</b> Absence of <input type="checkbox"/> <i>E coli</i> <input type="checkbox"/> <i>Staph. aureus</i> <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> <input type="checkbox"/> <i>Candida albicans</i> <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> BTGNB (Bile Tolerant Gram-Negative Bacteria) <input type="checkbox"/> Other (specify): <i>A total of approximately 50 ml or g is required for these tests</i>	<input type="checkbox"/> 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. <input type="checkbox"/> Other (specify): <i>A total of approximately 150 ml or g is required for these tests</i>
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### Other tests / information