Test Request Form

QF 8.039

Issue 5

**Please complete one form for each type of test required**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Purchase Order Number:**  **(Purchase Order must also be supplied)** | |  | | | |
| **Customer Details** | | | | | |
| Company:  Address: | | Contact Name:  Telephone:  Email report to: | | | |
| **Test Information** | | | | | |
| **Test Required:**  Bioburden  Bioburden validation  Endoscope Bioburden  Endotoxin  Endotoxin validation  Sterility  Swab | Environmental (Site Visit)  Environmental (Remote)  Cleaning Validation | | Water Test (TVC or Coliforms)  Cleaning Validation  ID  Incubation Only  Other (Please specify below) | | VDmax (new)  VDmax audit  Specify dose required & original report ref:  Method 1 (new)  Method 1 audit  Specify dose required & original report ref: |
| **Sample Information** | | | | | |
| Number of Samples Sent: | | |  | | |
| Do you require the samples to be returned after testing? | | |  | | |
| Sample Details (include sample names, identify which tests are required on specific samples, reference numbers, lot numbers, any other relevant information for the report). | | | | | |
| **DATE SUBMITTED:** | | **CUSTOMER NAME:** | | **SIGNATURE:** | | |

**To be completed by the laboratory**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Reference Number:** |  | **Order Acknowledgement No:** |  |
| **Invoice Number:** |  | **Account Number:** |  |
| **Carriage Charge to be added (Y/N)** |  |  |  |

**For return if applicable**

|  |  |  |
| --- | --- | --- |
| **Copy of Customer Name and Address label:** | **Description of samples** | **Parcel Weight** |
| **Quantity returned** | **Returned via Despatch (tick)** |
| **Name** | **Returned via Services**  **(tick)** |
| **Signature** |
| **Date Returned** |