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 validationEndoscope BioburdenEndotoxinEndotoxin validationSterility Swab | Environmental (Site Visit)Environmental (Remote) Cleaning Validation | Water Test (TVC or Coliforms)Cleaning Validation IDIncubation OnlyOther (Please specify below) | VDmax (new)VDmax audit Specify dose required & original report ref: Method 1 (new)Method 1 auditSpecify 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** |