



## MICROBIOLOGICAL PRODUCT TESTING SUBMISSION FORM

Sample ID (LAB ONLY) M __ 20 __	Sample Type (LAB ONLY)	Sample Size/ Container	Sample Name	Lot/ Formula No.	Specification	TESTING TYPE				
						USP <61> MOD		USP <62> MOD		Special Request/ Other:
						APC	Y/M	LACTO	EN	
	<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM <input type="checkbox"/> ENV				<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM <input type="checkbox"/> ENV				<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM <input type="checkbox"/> ENV				<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM <input type="checkbox"/> ENV				<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM <input type="checkbox"/> ENV				<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM <input type="checkbox"/> ENV				<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM <input type="checkbox"/> ENV				<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM <input type="checkbox"/> ENV				<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> FP <input type="checkbox"/> IP <input type="checkbox"/> RM <input type="checkbox"/> ENV				<input type="checkbox"/> < 100 <input type="checkbox"/> other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>SPECIAL HANDLING/COMMENTS/CUSTOMER PROVIDED METHOD(S):</b>	<b>Sample Return:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PO/REFERENCE NO.:</b>
	<i>NOTE: Samples will only be retained up to 7 days after receipt.</i>	
<i>NOTE: All samples will be stored at room temperature, unless special handling indicates otherwise.</i>		

**CUSTOMER AGREES BY SIGNATURE BELOW THAT ALL INFORMATION PROVIDED HAS BEEN REVIEWED AS PER GMP AND AGREES TO ANALYSIS & FEES FOR THE PRODUCTS LISTED ABOVE.**  
Product name and Lot/Formula No. must match physical product and are REQUIRED FOR TESTING TO BE INITIATED.

<b>Customer Release Signature:</b>		<b>Date:</b>	
<b>Customer Review (Witness) Signature:</b>		<b>Date:</b>	

<b>COMPANY:</b>	<b>COMPANY CONTACT:</b>
<b>PHONE:</b>	<b>EMAIL:</b>
<b>ADDRESS:</b>	

*DO NOT write below — FOR INTERNAL USE ONLY*

<b>Data Entry By/Date:</b>	<b>TESTS INITIATE (LAB ONLY)</b>
<b>Date (Technical) Reviewed By/Date:</b>	Initials/Date: Initials/Date: