



## SPECIAL STUDY TESTING SUBMISSION FORM

MICROORGANISM NAME	ATCC #	ACTIVE INGREDIENTS	TEST TYPE
			<input type="checkbox"/> Minimum Inhibition Concentration
			<input type="checkbox"/> Zone of Inhibition
			<input type="checkbox"/> Kill Rate(Time-Kill)
			Intervals:

Complete sample information below to be included on the result report.

PRODUCT NAME

SAMPLE SIZE	LOT/FORMULA No.
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SPECIAL HANDLING

N/A   

SPECIAL HANDLING/COMMENTS/CUSTOMER PROVIDED METHOD(S):

**Note:** All samples will be stored at room temperature, unless special handling indicates otherwise. Method validations are the responsibility of the manufacturer for each product.

**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. REQUIRED FOR TESTING TO BE INITIATED.**

COMPANY:	COMPANY CONTACT;
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PHONE:	EMAIL:
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ADDRESS:

CUSTOMER RELEASE SIGNATURE/DATE:	CUSTOMER REVIEWED(WITNESS) SIGNATURE/DATE:
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**DO NOT write below - FOR LAB USE ONLY**

Sample Received By/Date:	Lab Number Assigned (if any)
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Special Study ID Number:

Test Completed By/Date:	Reviewed By/Date:
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