



PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH SAMPLE(S)

STERILITY PRODUCT TESTING SUBMISSION FORM

Sample/Container Size	Product Name	Lot/Formula No.
<input type="checkbox"/> Total Number of Samples: _____		<input type="checkbox"/> Number of Samples to Take from Container

Test Type	USP <71>: <input type="checkbox"/> Sterility <input type="checkbox"/> Suitability	AAMI: <input type="checkbox"/> Sterility <input type="checkbox"/> Bacteriostasis/Fungistasis
-----------	--	---

COMMENTS/SPECIAL HANDLING/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.

ADDITIONAL TEMPERATURES/REQUIREMENTS/ETC.

Billing/ PO No.

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.

Customer Release Signature: _____ Date: _____

Customer Review (Witness) Signature: _____ Date: _____

COMPANY:	COMPANY CONTACT:
PHONE:	EMAIL:
ADDRESS:	

Disclaimer: The customer is responsible for providing the number of samples to be tested and the testing requirements.

DO NOT write below – FOR LAB USE ONLY

<i>Sample Received By/Date:</i>	<i>Lab Number Assigned (if any)</i>
<i>Sterility Number:</i>	
<i>Test Completed By/Date:</i>	
<i>Reviewed By/Date:</i>	