

Biotest Laboratories, Inc.

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FDA Registered
GMP
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ISO 13485
EN/ISO 17665

ISO/IEC 17025
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MICROBIAL LIMITS TEST REQUEST FORM

COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____

PRODUCT NAME/#: _____

LOT#: _____

PURCHASE ORDER # (REQUIRED): _____

CUSTOMER SIGNATURE: _____ DATE: _____

SAMPLE STORAGE: ROOM TEMP REFRIGERATE FREEZE

SAMPLE DISPOSITION POST TEST: DISCARD RETURN

**The following must be provided for return of product(s)

RETURN SHIPPING INFORMATION: METHOD _____ ACCOUNT # _____ PRIORITY _____

ADDRESS: _____ ATTN: _____

Microbial Limits Tests (Product)

Check (✓) Code	Quantity	Test Code	Test Description
		ML/01	Preliminary Test (USP)
		ML/02	Total Aerobic Plate Count (USP)
		ML/03	Total Yeast & Mold Count (USP)
		ML/04	Total Coliform (USP)
		ML/05	Escherichia coli (USP) Test
		ML/06	Salmonella species (USP) Test
		ML/07	Pseudomonas aeruginosa (USP) Test
		ML/08	Staphylococcus aureus (USP) Test
		AME/01	Antimicrobial Effectiveness (USP) Test

Special Instructions: _____

RESULTS: Will be faxed followed by hardcopies in mail.

FOR: FDA SUBMISSION CE MARK VALIDATION ROUTINE RESEARCH & DEVELOPMENT

CONTACT NAME: _____

PHONE: _____ FAX: _____

Specific test results may not be indicative of the characteristics of any other samples from the same lot or similar lots. Liability is limited to the costs of the tests.

Form may be downloaded from WWW.BIOTESTLABS.COM. This is a revision controlled form within the Biotest Laboratories, Inc. Quality System. Modifications of the controlled information within this form are prohibited.