



TEST REQUEST FORM

Date:

REPORT TO	INVOICE TO
Company Name:	Both Are same: <input type="checkbox"/> Yes (or) <input type="checkbox"/> No (If tick no then fill the below details)
Full Address:	Billing Contact To:
Reference No. & Date:	Full Address:
Mfg. Lic. No.:	Fax:
Contact Person Name:	Phone No:
Phone No:	E-Mail.:
E-Mail.:	

Turn Around Time Required: Standard Rush Proposed Date Needed by: _____

Shipping condition	Storage conditions	SAMPLE SENT	SEND REPORT
<input type="checkbox"/> Ambient <input type="checkbox"/> On ice packs <input type="checkbox"/> On dry ice <input type="checkbox"/> Other _____	<input type="checkbox"/> Ambient / Room temperature <input type="checkbox"/> Refrigerated (2° C to 8 °C) <input type="checkbox"/> Freezer (-20 °C) <input type="checkbox"/> Other _____	<input type="checkbox"/> By Courier <input type="checkbox"/> By hand over <input type="checkbox"/> Other _____	<input type="checkbox"/> By E-mail <input type="checkbox"/> By Courier <input type="checkbox"/> By hand over <input type="checkbox"/> Other _____
Sample type	Analysis type	Decision Rule	Sample disposition
<input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous, Type: _____ <input type="checkbox"/> Cytotoxic (SDS must be included) <input type="checkbox"/> Drug <input type="checkbox"/> Cosmetics <input type="checkbox"/> Medical Devices <input type="checkbox"/> Other _____	<input type="checkbox"/> E&L <input type="checkbox"/> Batch Analysis <input type="checkbox"/> Method Development & Validation (or) Verification (or) Feasibility <input type="checkbox"/> R&D <input type="checkbox"/> Others	<input type="checkbox"/> Applied <input type="checkbox"/> Not Applied <input type="checkbox"/> NA	<input type="checkbox"/> Discard Samples <input type="checkbox"/> Return Samples

Method No./Specification No. (If Available):

Additional Information (If Any):

Note: The customer should ensure the dispatched sample details and meet the general requirements to fulfil the activity.



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(This information will be used for preparing study design)	
Chemical Stability (Details If Available) (This information will be used for preparing extracts and/or sterilization)	Please indicate if the device ingredients are unstable in the following solvents: <input type="checkbox"/> Unstable in aqueous solutions <input type="checkbox"/> Unstable in Non-Polar Solvent; describe name _____ <input type="checkbox"/> Any other chemical stability issues: _____
Sample Thickness (mm)	
Total surface area of Device (cm ²)	
Weight of Device (g)	
Briefly Describe how the Device will be Used in Patients	
Manufacturing/Batch Production Site (Name and Address)	
Type of Packing	
Number of Packages	

Customer comments if any:
Sample Submitted by (Customer Name & Sign. with Date):

Instructions for filling Test Item / Reference Item Information Sheet:

- Fill the information sheet with available information.
- If the information is not available mentioned as NA
- Add column or rows as per requirements.
- Attach the IFU or MSDS or device information copy if available.
- Sponsor or Sponsor Representative is the responsibility to send this form along with samples