**Sample Submission Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company Name:** |  | | | **Date:** |  |
| **Company Address:** |  | | | | |
| **Contact:** |  | **Email:** |  | | |
| **Phone:** |  | **P.O. #** |  | | |

**Samples for Submission**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name** | **Production Date** | **Lot Number** | **Anhydrous**  **(Yes or No)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Test required- Please check which test you would like to be performed:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **USP<60>** | Tests to determine the presence of Burkholderia cepacia complex | | | | | | |
|  | **USP<61>** | Total Plate Count for Bacteria (Aerobic) & Total Plate Count for Fungi  Microbial Enumeration Tests (of non-sterile products) | | | | | | |
|  | **USP<62>** | Microbial tests for specified microorganisms (of non-sterile products) | | | | | | |
|  | **USP<51>** | Antimicrobial Effectiveness Test | | | | | | |
|  | **USP<51>/PCPC** | Antimicrobial Effectiveness Test (PCPC) | | | | | | |
|  | **Environmental Test (Swab)** | Total Plate Count: Pathogenic Bacteria/Fungi (Special swabs) | | | | | | |
|  | **Environmental Test (Swab)** | Positive or Negative results (Single or double cotton tipped swabs) | | | | | | |
|  | **Stability Test -*Glass*** | 1 Month | 3 Months | | 6 Months | |  | |
|  | **Compatibility Test - *Packaging*** | **Container Size:** | 1 Month | 2 Months | | 3 Months | | 6 Months |
|  | **Water Activity (Aw) Testing** |  |  | |  | |  | |
|  | **pH Testing** |  |  | |  | |  | |

**Please check one from each of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Disposition:** | Discard | Return |  |
| **Special Handling:** | Room Temperature | Refrigerate upon Arrival |  |
| **Safety Precautions:** | None | Unknown | MSDS |

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Sponsor’s Authorized Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**