

Sterility Testing Chain of Custody 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

ADDITIONAL TEMPERATURES/REQUIREMENTS/ETC.

Billing/ PO No.

| | | | |
|--|-----------|------------------------------------|--|
| CUSTOMER AGREES TO ALL REQUESTED ANALYSIS & FEES FOR THE PRODUCTS LISTED ABOVE. | | Company Name | |
| Company Contact | Phone No. | Email Address | |
| Company Signature/Date | | Company Reviewed By Signature/Date | |

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> | |