

Form	<b>Q012G</b>	Revision	<b>00</b>
Document	<b>QSD 012</b>	Updated By	<b>mt</b>

## Sterility Testing Chain of Custody Submission Form

Sample Size/ Container	Product Name	Lot/Formula No.

Test Type	USP 71 Sterility Suitability	AAMI Bacteriostasis/Fungistasis Sterility
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**COMMENTS/SPECIAL HANDLING**

**Billing/ PO No.**

<b>CUSTOMER AGREES TO ALL REQUESTED ANALYSIS &amp; FEES FOR THE PRODUCTS LISTED ABOVE.</b>		<i>Company Name</i>	
<i>Company Contact</i>	<i>Phone No.</i>	<i>Email Address</i>	
<i>Company Signature/Date</i>		<i>Company Reviewed By Signature/Date</i>	

**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>	