

Form	Q012G	Revision	00
Document	QSD 012	Updated By	mt

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.

CUSTOMER AGREES TO ALL REQUESTED ANALYSIS & FEES FOR THE PRODUCTS LISTED ABOVE.		<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>	