

**Suitability Test Sample CHAIN OF CUSTODY**



**Microconsult, Inc.**  
 Microbiology & Chemistry Testing Laboratory  
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**PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH THE PRODUCT.**

Preservative System(s)	Test Type	<i>Minimum Amount of Sample Required</i>
	<input type="checkbox"/> Aerobic Plate Count	<b>8 oz.</b>
	<input type="checkbox"/> Enrichment	<b>8 oz.</b>
	<input type="checkbox"/> Sterility	<b>8 oz.</b>
<i>Complete sample information below to be included on the result report.</i>		
PRODUCT NAME:		
SAMPLE SIZE:	LOT/FORMULA No.:	
SPECIAL HANDLING:		<input type="checkbox"/> N/A
COMMENTS:		

Customer Release Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**REQUIRED FOR TESTING TO BE INITIATED**

COMPANY:		CONTACT:	
PHONE:	FAX:	EMAIL:	
ADDRESS:			PO/Ref #:

**DO NOT write below – FOR LAB USE ONLY**

<i>Sample Received By/Date:</i>	<i>Lab Number Assigned (if any)</i>
<i>Micro Challenge Number:</i>	
<i>Test(s) Completed By/Date:</i>	
<i>Reviewed By/Date:</i>	