

Customer Information			
Company Name:			
Address:			
Contact Person:		Contact Number:	
E-Mail Address:			
Test Item Information			
Test Item Name:	<i>Please state name as you wish it to appear in the report.</i>		
Product Form:	<input type="checkbox"/> Final product	<input type="checkbox"/> Raw material	<input type="checkbox"/> Others:
Category:	<input type="checkbox"/> Medical device <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Chemicals <input type="checkbox"/> Others (please specify):	<input type="checkbox"/> Pesticide <input type="checkbox"/> Herbal formulation <input type="checkbox"/> Cosmetic formulation	<input type="checkbox"/> Food ingredient <input type="checkbox"/> Biological <input type="checkbox"/> Scheduled waste
Batch No.:		Expiry Date:	
Physical Appearance:		Storage Conditions:	
Manufacturer: Name and address	<i>Please state if different from client name and address.</i>		
Testing Information – ISO 10993 Part 5: Tests for in vitro cytotoxicity			
Intended use:	<i>e.g. for wound healing, disinfectant, blood transfusion</i>		
Contact Duration:	<input type="checkbox"/> ≤ 24 hours	<input type="checkbox"/> 24 hours – 30 days	<input type="checkbox"/> > 30 days
Purpose of testing:	<input type="checkbox"/> Registration with regulatory body (please specify):	<input type="checkbox"/> Safety Data Sheet	<input type="checkbox"/> Research & Development
Material Composition:	<i>may also be provided as an attachment</i>		
Solubility: <i>(form a clear solution, if applicable)</i>	<input type="checkbox"/> Water <input type="checkbox"/> Ethanol <input type="checkbox"/> Mineral oil	<input type="checkbox"/> Acetone <input type="checkbox"/> Methanol <input type="checkbox"/> Others (please specify):	<input type="checkbox"/> Corn oil <input type="checkbox"/> Dimethyl sulfoxide
Sterility:	<input type="checkbox"/> Non-sterile	<input type="checkbox"/> Sterile (please indicate method):	

Express service:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Available at additional charges) <i>Please note - Express service availability must be confirmed in advance.</i>
Additional Information:	
Reporting Information	
Test Report Format:	<input type="checkbox"/> Full electronic report <input type="checkbox"/> Simple electronic report with summary of results only <input type="checkbox"/> Full hard copy report (available at additional charges) <input type="checkbox"/> Others:

I have reviewed and agreed to the above testing request communicated by the laboratory and the terms and conditions. The test request and results will be based solely on the sample submitted to the laboratory. The information above will appear in the test report unless agreed in writing.

Signature:

Name:

Designation:

Date:

For Laboratory Use Only			
Request No.:		Lab No.:	
Sample Receipt Date:		Received By:	
Review & Approval of Request:	<input type="checkbox"/> Test item received in good condition and is sufficient for the entire test request. <input type="checkbox"/> The customer requirements are adequately defined, documented, and understood. <input type="checkbox"/> The appropriate methods or procedures are selected. <input type="checkbox"/> The laboratory has the capability and resources to meet the requirements. <input type="checkbox"/> The laboratory shall meet the agreed TAT ending on _____ <input type="checkbox"/> Any changes to the above shall be agreed in writing.		
Express Service:	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ days		
Deviation/Additional Request:			
Approval Date:		Approved By:	