

DISINFECTANT TESTS SUBMISSION FORM

Client Information	
Company Name:	Purchase Order (required for billing purposes):
	Quotation No (required for billing purposes):
Mailing Address:	Submitted by:
	Email Address:
Tel: Mobile:	Date:
Fax:	

Product Information	
Product Name:	Batch No:
Expiry Date:	Amount of Sample:
Active Ingredients (please provide the active and the percentage for validation purpose):	

Testing Information (the in-use condition of the product)	
Dilution:	Temperature:
Contact time:	Test Condition (clean or dirty):

Test Required (to facilitate with the testing, please provide us with the necessary information)	Tick (✓) to select
Time Kill Study (a preliminary potency test against certain organism at certain time) Specify organism(s) required:	
TGA option A (Disinfectant-hospital grade with “clean” condition)	
TGA option B (Disinfectant-hospital grade with “dirty” condition)	
TGA option C (Disinfectant-household or commercial grade)	
TGA option D (Antiseptic excluding those for intact skin only)	
Hard Surface Carrier test No. of Carrier: Specify organism(s) required:	
Sporocidal by suspension test Specify organism(s) required:	

Test Required (to facilitate with the testing, please provide us with the necessary information)	Tick (✓) to select
Sporocidal by carrier test No. of Carrier: Specify organism(s) required:	
Fungicidal by suspension test Specify organism(s) required:	
Fungicidal by carrier test No. of Carrier: Specify organism(s) required:	
Virucidal Test (Suspension/Carrier) Specify organism(s) required:	
Mycobacteria by carrier test No. of Carrier: Specify organism(s) required:	
Mycobacteria by suspension test Specify organism(s) required:	
Germicidal Spray test Distance: Specify organism(s) required:	

Any other special requirements (please specify):