

ANTIBIOTIC BIOASSAY SAMPLE SUBMISSION FORM

Client Information	
Company Name:	Purchase Order (required for billing purposes):
	Quotation No (required for billing purposes):
Mailing Address:	Submitted by:
	Email Address:
	Date:
Tel: Mobile:	
Fax:	
Sample Information (Please provide us with as much information as possible)	
Product Name or Designation:	
Batch or Lot Number:	Expiry Date:
Amount of sample provided:	Sample Storage Condition:
Official name of the antibiotic to be investigated*:	Label Claim**:
Specification of the active ingredient(s):	
If Overdose, please provide Actual Potency:	
Note: <ol style="list-style-type: none"> 1. Please attach formal product label 2. Please provide Reference Standard : TGA Standard / Work Standard / Other (please specify: _____) 3. Please provide CoA of Reference Standard 	
Any other information:	

* Please specify the types and forms of the active ingredient(s) (eg. Erythromycin Ethyl Succinate, Erythromycin Stearate etc)

** Please specify Label Claim against the types and forms of the active ingredient(s) (eg.250mg/g Erythromycin Ethyl Succinate, 250mg/g Erythromycin Base etc)