

## PRESERVATIVE EFFICACY TESTING (PET) SAMPLE SUBMISSION FORM

Client Information	
Company Name:	Submitted by: <span style="float: right;">Date:</span>
Mailing Address:	Tel: <span style="float: right;">Mobile:</span>
Quotation No (if any):	Email Address: <span style="float: right;">Purchase Order (if any):</span>

Sample Information			Test Information											
Name of Product	Batch #	Qty /Vol	Select Product Type (Please √ one)						Select Test Required (Please √)				Specify <u>IF REQUIRED</u>	
			Topical	Oral	Parenteral / Ophthalmic	Antacid	High Sugar Oral	Wipes	PET Validation	PET			Additional organism(s); please specify	Additional time-point(s); please specify
										BP	USP	BP & USP		

**Any other information:**