

BIOLOGICAL INDICATORS SAMPLE SUBMISSION FORM

Client Information	
Company Name:	Purchase Order (if available):
	Quotation No (Compulsory for proper registration of samples):
Mailing Address:	Submitted by:
	Email Address:
Tel: Mobile:	Date:
Fax:	

TEST INFORMATION (Please provide us with as much information as possible)				
Type of Test (please select one)				
<input type="checkbox"/> Growth/No Growth		<input type="checkbox"/> Enumeration Expected count: _____		
Type of BIs (please select one)				
<input type="checkbox"/> self-contained	<input type="checkbox"/> strips	<input type="checkbox"/> discs	<input type="checkbox"/> ampoules	<input type="checkbox"/> suspensions
Organism in BIs (please select one)				
<input type="checkbox"/> <i>G. stearothermophilus</i>	<input type="checkbox"/> <i>B. subtilis</i>	<input type="checkbox"/> <i>B. atropheus</i>	<input type="checkbox"/> Others: _____	
Are they subjected to any treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes (please select below)				
<input type="checkbox"/> Gamma Irradiation	<input type="checkbox"/> EtO	<input type="checkbox"/> Autoclave	<input type="checkbox"/> Cleaning study	
Test Method (please select one)				
<input type="checkbox"/> Eurofins ams	<input type="checkbox"/> Client supplied If client supplied, consumables to be used will be provided by <input type="checkbox"/> Eurofins ams or <input type="checkbox"/> Supplier's kit provided by client			
Incubation time (please select one)				
<input type="checkbox"/> 48 hours	<input type="checkbox"/> 7 days Is interim report at 48 hours required? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional charge of \$50 (or quoted otherwise) applies per interim report.			

SAMPLE INFORMATION (Please provide us with as much information as possible)	
Sample Description / Labels	Batch No. / Cycle No.

