

**PRESERVATIVE EFFICACY TESTING (PET) SAMPLE SUBMISSION FORM**

**Client Information**

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

**Sample Information**

**Test Information**

Name of Product	Is this a new product that ams has not tested before?		Batch #	Qty /Vol	Select Product Type (Please ✓ one)						Select Test Required (Please ✓)			Specify IF REQUIRED			
	Yes	No			Topical	Oral	Parenteral / Ophthalmic	Antacid	High Sugar Oral	Wipes	PET Validation	PET			Additional organism(s); please specify	Additional time-point(s); please specify	Interim Report (specify timepoint) <i>*additional charges apply.</i>
												BP	USP	BP & USP			

*\*Interim report are charge at \$50 per report.*

*Please request for quote if required. PET Validation is compulsory for all new products that we are testing.*

*This is one-off test. Sample Requirement: PET: 150g / 150mL / 50 sheets (for wipes) PET validation: 50g / 50 mL / 10 sheets (wipes)*

**Any other information:**