



BioPharma  
Product Testing

Document Title:

### Sample Submission Form - Microbiology

Document Reference:  
SSF - MICR

Revision:  
01

Effective date:  
03 Jan 2019

*This is an uncontrolled document.*

SUBMISSION INFORMATION	
Company:	Eurofins Quotation No.: <i>(Required for correct sample registration)</i>
Submission Reference:	Purchase Order:
Contact Name(s):	Dispatch Date:
Email:	Phone:

SAMPLE INFORMATION			
Sample Description	Sample ID	Sample Requires Different Tests	Tests Required <i>If all samples require all tests, select tests in table below. If a sample requires different tests, check the box and specify by listing below. eg 1, 3, 5</i>

TEST REQUIRED (PRODUCTS)		
1. Aerobic Plate Count	6. Staph aureus	11. Preservative Efficacy Test
2. Total Yeasts & Mould	7. E. Coli	12. Sterility Testing
3. Yeasts	8. Salmonella	13. Bacterial ID
4. Moulds	9. Clostridium perfringens	14. Yeast / Mould ID
5. Pseudomonas	10. Candida albicans	15. Other <i>(fill below)</i>
15. Other Test(s): .....		

TEST REQUIRED (WATER)		
A. Total Plate Count 22°C	C. Total Plate Count 37°C	E. Total Coliforms
B. Total Plate Count 35°C	D. E. Coli	F. Faecal Coliforms