

Bioburden Product Test Request Form



Customer Information	Company	Customer Code
	Street Address	City, State ZIP
	Bill To Company	PO # or Credit Card #
	Contact Person	Phone #
	Email report to	Quote #

Sample Handling Information	Testing Priority	STAT (MS/02 fee) Standard	Shipping info for Return Product				
	Sample Storage Conditions	Room temperature	Ship Method	UPS	FedEx	Pick up	Courier
		Refrigerate	Courier Company				
		Freeze	Account #				
	Non-Destructive Testing	Yes	Method Priority				
		No	Ship To Company				
	Post-Test Sample Handling	Return (MS/01a fee)	Attention To				
		Discard	Street Address				
	Hazardous Material	No	City, State ZIP				
		Yes (SDS/MSDS required for hazardous or chemical product)					

Product Information	Please use exact wording you want to appear on final report	
	Sample Name / Description	
	Unique Identification (Lot #, PN, Batch #, etc.)	
	Product	Allograft Tissue
	Registration	Medical Device
	Other	Specify:

Test Information	BB/01a: Total Aerobes	Sample Quantity: Pooled (BB/04a) Individual Method Validation or PD #: Alert Limits: CFU Action Limits: CFU Correction Factor: Alternate Incubation Requirements*: No Yes, specify below *Standard bacterial incubation: 3 -5 days, standard fungal incubation: 5 – 7 days
	BB/02a: Total Aerobes & Anaerobes	
	BB/02b: Total Aerobes & Sporeformers	
	BB/02c: Total Aerobes & Fungi	
	BB/03a: Total Aerobes, Anaerobes & Sporeformers	
	BB/03b: Total Aerobes, Sporeformers & Fungi	
	BB/03c: Total Aerobes, Anaerobes & Fungi	
	BB/04: Total Aerobes, Anaerobes, Sporeformers & Fungi	
	Method Validation BB/06: Recovery Efficiency Qty: Inoculated (Recommended) / Exhaustive (Native)	

Special Instructions	
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Signature		Date	
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Lab Use Only	Date Received	TRF #	Sample #(s)
	Received By		