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	ชื่อเอกสาร : Service Record Form				

Date of Reviewal:

Time:

(For Staff Only)

Service Record Form

1. Contact person

Name

Tel

Mobile

E-mail

Line ID

2. Testing Service

- | | |
|--|--|
| <input type="checkbox"/> Cytotoxicity testing (ISO 10993-5) | <input type="checkbox"/> Bioburden testing (ISO 11737-1) |
| <input type="checkbox"/> Hemolysis testing (ASTM F756-17) | <input type="checkbox"/> Sterility testing (ISO 11737-2) |
| <input type="checkbox"/> Composition analysis (ASTM F D3516) | <input type="checkbox"/> Agar diffusion (CLSI M02) |
| <input type="checkbox"/> Others..... | <input type="checkbox"/> Broth dilution (CLSI M07) |

3. Format of Testing Service

☐ Regular Service

☐ Fast track Service

*Regular means that the client will receive the service according to the order of sample submission in queue.

**Fast Track means that the client will receive the test result within 3 weeks from payment date.

4. Details of Sample


- 4.1 Name:
- 4.2 Description:
- 4.3 Type of material (e.g., Plastic, Steel, Textile):
- 4.4 Type of Sample: ☐ Medical Device ☐ Others (please specify)
- 4.5 Other testing methods beyond those prescribed by the laboratory (if any)
- ☐ No ☐ Yes (please specify)
- 4.6 Condition of Sample: ☐ Normal ☐ Abnormal ☐ Others (please specify)
- Is the Sample stored in proper packaging? ☐ Appropriate ☐ Inappropriate (please specify)
- 4.7 Model Grade Color Size / Volume cm / ml
- Feature Lot Number Amount gram / sheet / roll / set
- Manufacturer Country Dealer
- Additional Notes:
- 4.8 Storage condition:
- 4.9 Sterilization of Sample ☐ Sterilized
- ☐ Is not sterilized, please specify sterilization method
- ☐ Autoclave (suitable for samples that can withstand temperature up to 121 °C)
- ☐ UV light (suitable for disinfecting only the outer surface of the sample)
- ☐ Filter by syringe filter pore size ☐ 0.22 um ☐ 0.45 um

Note ** No need to sterile for Bioburden testing and Bioburden validation

5. Objective

- ☐ General information ☐ Research ☐ Others

(Continue)

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Order	Sample Name / Client Sample Code	Quantity per packing unit	Number of packing unit	Test List (Please specify method)

Sender

Receiver

(.....)

(.....)

Date.....

Date.....

For the Laboratory Supervisor

1. Testing Instruments

- ☐ Is prepared because...
 ☐ Is not prepared because...
- ☐ Good condition
 ☐ Not Calibrated
- ☐ Calibrated
 ☐ Instruments have problem / broken
- ☐ Work overload

2. Clarity of the Service Requested

- ☐ The request is clear
 ☐ The request is unclear

3. Staff

- ☐ Capable because...
 ☐ Incapable because...
- ☐ Underwent training
 ☐ Has not performed this test before
- ☐ Was already assigned the testing position
 ☐ Has not undergone training
- ☐
☐ Has not been assigned the testing position

4. Quantity of Task

- ☐ Capable of accepting the request
 ☐ Capable of accepting the request but may complete slower than usual
 ☐ Incapable of accepting the request due to an immense backlog

Conclusion

- ☐ Ready
 ☐ Not Ready

Notes:

.....

.....

Signed Reviewer

Signed Acknowledged

(.....)

(.....)

Laboratory Supervisor

Laboratory Manager

Date.....

Date.....