



ชื่อเอกสาร : Sample Record Form

**Sample Record Form**

Date Receive.....

(For Staff Only)

Client Name: .....

Company / Affiliation / Institution .....

Address .....

Tel: .....Fax: .....E-mail: .....

**1. Desired Testing for Medical Devices** ( Check the empty box)

Test	Normal*	Fast Track*	Code
			(For Staff Only)
<b>1. Cytotoxicity Testing</b>			
1.1 ISO certified (in-scope)	<input type="checkbox"/> 14,200 Baht	<input type="checkbox"/> 17,400 Baht	
1.2 ISO uncertified (out-of-scope)	<input type="checkbox"/> 10,500 Baht	<input type="checkbox"/> 14,200 Baht	
<b>2. Hemolysis Testing</b>	<input type="checkbox"/> 10,500 Baht	<input type="checkbox"/> 31,500 Baht	
Human Blood	<input type="checkbox"/> 5,000 Baht		
Rabbit Blood	<input type="checkbox"/> 10,000 Baht		
<b>3. Composition Analysis</b>	<input type="checkbox"/> 2,700 Baht	<input type="checkbox"/> 5,300 Baht	
<b>4. Microbiology Testing</b>			
<b>4.1 Bioburden Testing</b>	<input type="checkbox"/> 1,800 Baht	<input type="checkbox"/> 5,300 Baht	
<b>4.2 Bioburden Validation</b>	<input type="checkbox"/> 2,700 Baht	<input type="checkbox"/> 7,400 Baht	
(sample <u>without</u> pores/threads/fiber)			
<b>4.3 Bioburden Validation</b>	<input type="checkbox"/> 5,300 Baht	<input type="checkbox"/> 12,600 Baht	
(sample with pores/threads/fiber)			
<b>4.4 Sterility Testing (14 days testing period)</b>	<input type="checkbox"/> 3,700 Baht	<input type="checkbox"/> 10,500 Baht	
<b>4.5 Antibacterial Susceptibility testing</b>			
<input type="checkbox"/> Agar Diffusion Method <input type="checkbox"/> Broth Dilution Method			
4.5.1 <i>Staphylococcus aureus</i>	<input type="checkbox"/> 1,800 Baht	<input type="checkbox"/> 5,300 Baht	
4.5.2 <i>Staphylococcus epidermidis</i>	<input type="checkbox"/> 1,800 Baht	<input type="checkbox"/> 5,300 Baht	
4.5.3 <i>Pseudomonas aeruginosa</i>	<input type="checkbox"/> 1,800 Baht	<input type="checkbox"/> 5,300 Baht	
4.5.4 <i>Escherichia coli</i>	<input type="checkbox"/> 1,800 Baht	<input type="checkbox"/> 5,300 Baht	
4.5.5 <i>Staphylococcus aureus</i> MRSA (drug resistant)	<input type="checkbox"/> 1,800 Baht	<input type="checkbox"/> 5,300 Baht	
4.5.6 <i>Candida albican</i>	<input type="checkbox"/> 3,700 Baht	<input type="checkbox"/> 10,500 Baht	
4.5.7 <i>Porphyromonass gingivalis</i>	<input type="checkbox"/> 9,000 Baht	<input type="checkbox"/> 26,300 Baht	

\*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.

**2. Issuing Test Results** (Customer will receive one Thai version of the Test Report as default)

Requesting additional Test Results
<input type="radio"/> English Version of the Test Report (4,000 Baht)
<input type="radio"/> Thai Version of the Supporting Document (4,000 Baht)
<input type="radio"/> English Version of the Supporting Document (4,000 Baht)

*Note: The Supporting Document includes details about sample preparation, testing process, and qualitative test result*



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3. Details of Sample (for test report)

3.1 Name: .....
3.2 Description: .....
3.3 Type of material (e.g., Plastic, Steel, Textile): .....
3.4 Model ..... Grade ..... Color ..... Size / Volume .....cm / ml
Feature ..... Lot Number ..... Amount .....gram / sheet / roll / set
Manufacturer ..... Country ..... Dealer .....
Additional Notes: .....
3.5 Storage condition: .....

4. Supporting Documents for Samples [ ] No [ ] Yes [ ] Others (specify) .....
Warnings / Cautions / How-to-use [ ] No [ ] Yes [ ] Others (specify).....

5. Company's Name and Address specified in the Test Report

Name - Address .....

6. Company's Name and Address specified in the Tax Invoice

[ ] According to the Test Report
[ ] Others (please specify)

Tax Identification Number.....Branch.....

7. Payment

[ ] Cash [ ] Transfer

8. Receiving Test Report [ ] In person [ ] By post office, to the address indicated above \*\*\*

Or another address specified here: .....

9. Receiving Samples [ ] In person, along with the Test Report
[ ] By mail, along with the Test Report \*\*\* [ ] By mail, according to the address in (No. 5.) \*\*\*


\*\*\*Additional shipping cost will be applied

10. Decision Criteria (Referenced according to ILAC G8:09:2019 Guidelines on Decision Rules and Statement of Conformity)

In the case that customers:

[ ] Don't desire to decide the test results criteria. The laboratory will report according to the Test Report Criteria (No. 11)

[ ] Desire to decide the test results criteria. The test results will be reported in accordance with the guidelines provided. However, it must be samples that are accredited for the laboratory.

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### 11. Test Report's Criteria

1. Reporting of <i>In Vitro</i> Cytotoxicity Test				
<b>1 Qualitative evaluation:</b> The achievement of a numeric grade greater than 2, based on below table, is considered a cytotoxic effect.				
<b>Table - Qualitative morphological grading of cytotoxicity of extracts</b>				
Grade	Reactivity	Conditions of all cultures		
0	None	Discrete intracytoplasmatic granules, no cell lysis, no reduction of cell growth		
1	Slight	Not more than 20 % of the cells are round, loosely attached and without intracytoplasmatic granules, or show changes in morphology; occasional lysed cells are present; only slight growth inhibition observable.		
2	Mild	Not more than 50 % of the cells are round, devoid of intracytoplasmatic granules, no extensive cell lysis; not more than 50 % growth inhibition observable.		
3	Moderate	Not more than 70 % of the cell layers contain rounded cells or are lysed; cell layers not completely destroyed, but more than 50 % growth inhibition observable.		
4	Severe	Nearly complete or complete destruction of the cell layers.		
<b>2. Quantitative evaluation:</b> Reduction of cell viability by more than 30 % is considered as a cytotoxic effect.				
<b>Reference :</b> ISO 10993-5:2009 Biological evaluation of medical devices — Part 5: Tests for in vitro cytotoxicity				
2. Reporting of <i>In Vitro</i> Hemolysis Test			3. Reporting of Bioburden Testing	
Hemolytic Index above Negative Control	Reaction Level	Grade	Reaction Level	Characteristic / Conditions
0-2	No reaction	-	No microorganism observed	No microorganism is observed on the medium after culturing with the test sample.
2-5	Slight reaction	+	Microorganisms observed	Microorganisms are observed on the medium after culturing with the test sample.
>5	Severe Reaction			
<b>Reference :</b> ASTM F756-13:2019 Standard Practice for Assessment of Hemolytic properties of Materials		<b>Reference :</b> ASTM D3516 Standard Test Methods for Ashing Cellulose		
4. Reporting of Bioburden Testing with Identification		5. Reporting of Sterility Testing		
Test Result	Characteristic / Conditions	Grade	Reaction Level	
Types of microorganisms	The types of microorganisms that are identified on the medium after culturing with the test sample are categorized by genus.	-	No microorganism observed	
Number of microorganisms	The number of microorganisms that grew on the medium after culturing with the test sample.	+	Microorganisms observed	
<b>Reference :</b> ISO 11737-1: 2018 Sterilization of medical devices - Microbiological methods – Part 1: Determination of a population of microorganisms on products		<b>Reference:</b> ISO 11737 – 2 :1998 Sterilization of medical devices - Microbiological methods - Part 2: Tests of sterility performed in the validation of a sterilization process		



6. Reporting of Susceptibility Test by means of Agar diffusion			7. Reporting of Susceptibility Test by means of Broth dilution	
Grade	Reaction Level	Characteristic / Conditions	Test Result	Characteristic / Conditions of Cultured Cell
-	No inhibition zone	No inhibition zone is presented around the test sample that was placed on the medium.	MIC	The lowest concentration of the sample that can inhibit the growth of microorganisms.
+	Slight inhibition zone	Inhibition zone is presented around the test sample that was placed on the medium.	*MIC: Minimum inhibitory concentration <b>Reference</b> : CLSI M07 10 <sup>th</sup> edition: 2015 Methods for dilution antimicrobial susceptibility tests for bacteria that Grow aerobically	
<b>Reference</b> : CLSI M02 13 <sup>th</sup> edition: 2018 Performance standards for antimicrobial disk susceptibility tests				

**Notes**

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 .....  
 (If it is requested to test on samples with abnormalities or deviation from specified conditions, there will be a statement or a disclaimer – for example,  
 “This report is outside the scope of ISO/IEC 17025:2017”, in the test report.

Sender ..... Receiver .....  
 (.....) (.....)  
 Date..... Date.....

Laboratory Manager .....  
 (.....)  
 Date.....