Date of Reviewal: ……

(For Staff Only)

Service Request Form

1. Contact person

Name .....

Tel .....

Mobile .....

E-mail .....

Line ID .....

2. Testing Service

☐ Cytotoxicity testing (ISO 10993-5)

☐ Hemolysis testing (ASTM F756-17)

☐ Composition analysis (ASTM F D3516)

☐ Agar diffusion (CLSI M02)

☐ Others .....

☐ Bioburden testing (ISO 11737-1:2018/AMD 1:2021)

Bioburden Validation (Staff Only) ☐ Test ☐ No Test

☐ Sterility testing (ISO 11737-2)

☐ Broth dilution (CLSI M07)

Note* : The Bioburden Validation Test will be conducted according to the discretion of the microbiology testing personnel.

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No.	Sample Name	Amount per unit	Quantity	Testing Service (Please Specify)

3. Format of Testing Service

☐ **Regular Service** ☐ **Fast track Service**

**Regular* means that the client will receive the service within 60 days from payment date.

***Fast Track* means that the client will receive the service within 14 days 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 Grade .....Color ..... Absorption value .....

4.5 Type of Sample: ◯ Medical Device ◯ Others (please specify) .....

4.6 Other testing methods beyond those prescribed by the laboratory (if any)

◯ No ◯ Yes (please specify) .....

4.7 Condition of Sample: ◯ Normal ◯ Abnormal ◯ Others (please specify) .....

Is the Sample stored in proper packaging? ◯ Appropriate ◯ Inappropriate (please specify) .....

4.8 Storage condition: .....

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

Additional Notes: .....

4.9 Quantity for testing

Test	Surface Area	Weight	Amount
1. Cytotoxicity testing	≥ 200 cm^2	≥ 10 g	
2. Hemolysis testing	≥ 500 cm^2	≥ 30 g	
3. Composition analysis	≥ 200 cm^2	≥ 10 g	
4. Microbiology testing			
4.1 Bioburden testing			≥ 3 EA
4.2 Bioburden validation			≥ 10 EA
4.3 Sterility Testing			≥ 3 EA
4.4 Antibacterial susceptibility testing			
4.4.1 Agar diffusion method		≥ 10 EA	
4.4.1 Broth dilution method		≥ 10 ml	

5. Objective

☐ General information ☐ Research ☐ Others .....

(Continue)

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…
- ☐ Good condition
- ☐ Calibrated

☐ Is not prepared because…
- ☐ Not 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…
- ☐ Underwent training
- ☐ Was already assigned the testing position

☐ Incapable because…
- ☐ Has not performed this test before
- ☐ 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:

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Signed …….…….. Reviewer

(…….)

Laboratory Supervisor

Date……

Signed …….…….. Acknowledged

(…….)

Laboratory Manager

Date……