



ชื่อเอกสาร : Service Request Form

Service Request 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 11737-1:2018/AMD 1:2021) |
| <input type="checkbox"/> Hemolysis testing (ASTM F756-17) | Bioburden Validation (Staff Only) <input type="checkbox"/> Test <input type="checkbox"/> No Test |
| <input type="checkbox"/> Composition analysis (ASTM F D3516) | <input type="checkbox"/> Sterility testing (ISO 11737-2) |
| <input type="checkbox"/> Agar diffusion (CLSI M02) | <input type="checkbox"/> Broth dilution (CLSI M07) |
| <input type="checkbox"/> Others | |

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

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	$\geq 200 \text{ cm}^2$	$\geq 10 \text{ g}$	
2. Hemolysis testing	$\geq 500 \text{ cm}^2$	$\geq 30 \text{ g}$	
3. Composition analysis	$\geq 200 \text{ cm}^2$	$\geq 10 \text{ g}$	
4. Microbiology testing			
4.1 Bioburden testing			$\geq 6 \text{ EA}$
4.2 Bioburden validation			$\geq 10 \text{ EA}$
4.3 Sterility Testing			$\geq 6 \text{ EA}$
4.4 Antibacterial susceptibility testing			
4.4.1 Agar diffusion method		$\geq 10 \text{ EA}$	
4.4.1 Broth dilution method		$\geq 10 \text{ ml}$	

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.....



ชื่อเอกสาร : Service Request Form

For the Laboratory Supervisor

1. Testing Instruments

- | | |
|---|--|
| <input type="checkbox"/> Is prepared because... | <input type="checkbox"/> Is not prepared because... |
| <input type="checkbox"/> Good condition | <input type="checkbox"/> Not Calibrated |
| <input type="checkbox"/> Calibrated | <input type="checkbox"/> Instruments have problem / broken |
| | <input type="checkbox"/> Work overload |

2. Clarity of the Service Requested

- The request is clear
 The request is unclear

3. Staff

- | | |
|--|---|
| <input type="checkbox"/> Capable because... | <input type="checkbox"/> Incapable because... |
| <input type="checkbox"/> Underwent training | <input type="checkbox"/> Has not performed this test before |
| <input type="checkbox"/> Was already assigned the testing position | <input type="checkbox"/> Has not undergone training |
| | <input type="checkbox"/> 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

<p>Conclusion</p> <p><input type="checkbox"/> Ready</p> <p><input type="checkbox"/> Not Ready</p>
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Notes:

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.....

Signed Reviewer
(.....)
Laboratory Supervisor
Date.....

Signed Acknowledged
(.....)
Laboratory Manager
Date.....