

ams Laboratories Pty Ltd

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SAMPLE SUBMISSION FORM

CLIENT:

DATE:

ADDRESS FOR REPORTS:

PHONE NO:

FAX NO:

ORDER NO:

SUBMITTED BY:

EMAIL ADDRESS:

PRODUCT NAME:
BATCH NO:
EXPIRY DATE:
AMOUNT OF SAMPLE:
ACTIVE INGREDIENTS: (Please provide the active and the percentage for validation purpose)

TEST CONDITION (Refers to the in use condition of the product)

Dilution :

Temperature:

TEST REQUIRED

(Please tick where required)

Time kill study (a preliminary potency test against certain organism at certain time.) Please specify time and organism required:	
TGA option A (Disinfectant-hospital grade with "clean" condition)	
TGA option B (Disinfectant-hospital grade with "dirty" condition)	
TGA option C (Disinfectant-household or commercial grade)	
TGA option D (Antiseptic excluding those for intact skin only)	
Hard Surface Carrier test Time: Spore: Carrier:	
Sporocidal by suspension test Time: Spore: Carrier:	
Sporocidal by carrier test Time: Spore: Carrier:	
Mycobacteria by carrier test Time: Carrier:	
Germicidal Spray Test Time: Distance: Organism:	