



TEST REQUEST FORM – MICROBIOLOGY SECTION
ANTIMICROBIAL & BACTERICIDAL EFFICACY TESTING IN ALCOHOL BASED HAND RUB DISINFECTANTS

Section 1: Customer Name and Address

Company name:		Sample Reception E-mail: ReceptionS@nsi.com.na	
Postal Address:		Tel: +264 64 216600	
Town:		Fax: +264 64 200151	
Tel No:		<i>Stamp</i>	
Fax No:			
Requestor:			
Requestor Signature:			
E-mail address:			
Purchase order number (Attach document):			
Sample submitted by (Name in print):			
Type of Account:	<input type="checkbox"/> Credit	<input type="checkbox"/> Cash Account	
No of Samples:	Date samples collected:	Job reference Number	
Customer Reference Code (applicable for regulatory samples submitted by the NSI Certification Department)		Factory / Establishment Name (indicate if applicable)	

Section 2: Sample information - For official purposes only-

	Completed & checked by (Initials)		Time samples received:	
Sample condition upon receipt				
Sample received in properly sealed container	Yes		No	
Sample received in clean container/ box	Yes		No	
Sample condition acceptable	Yes		No	
Sample rejected received in unsuitable condition	Yes		No	

If samples are rejected, specify rejection conditions:

Section 3: Test Requested and Sample Information

TM/M/33 Analysis method based on SANS 5261 as per SANS 490 regulatory requirements

Culture strains used to challenge the sample(s)	<i>Escherichia coli</i>
	<i>Staphylococcus aureus</i>
	<i>Pseudomonas aeruginosa</i>
Minimum obligatory contact time as per SANS 5261	1 minute (for hand disinfectants)

To be completed by the customer (all fields marked with an asterisk (*) are compulsory)		-For official purposes only- Laboratory Identification Number (ID)	
Sample ID/ Product description* Kindly list the product name as it should appear on the test report *			
Sampling Time*			
Product batch Number*			
Manufacturer/ Supplier			
Manufacturing/ Production date			
Product expiry date (if applicable)			
Active ingredients present in the formulation and their concentrations*			
Please specify recommended dilution & diluent (if applicable)			
Product Type	Hand Sanitizer		
Product Appearance*	Gel (G)	Liquid (L)	Others, specify
Storage Conditions*	Ambient	Away from light	Refrigerated Others, specify
Reason for Testing	Routine quality checks	Registration purposes	Others, specify
MSDS available*	Yes		No

Special request/Comments from customer:



Section 4: Sampling request for NSI staff to collect samples from customer site

Sampling Protocol used:

(Comment if any deviations, additions or exclusions from the sampling procedure used)

Comment(s):

-To be completed by client-	-To be completed by laboratory staff-
<p>Acknowledgement that sampling was conducted and points sampling confirmed.</p> <p>Name of company representative: _____</p> <p>_____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Comment (any observations made during sampling that can affect sample results) e.g environmental conditions etc.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name of sampler: _____</p> <p>Signature: _____</p> <p>Date: _____</p>

FOR COMPLETION BY NSI TESTING CENTRE PERSONNEL ONLY (SAMPLERS/UPON SAMPLE RECEIPT)

Indicate the traceability batch number(s) for sampling materials submitted with samples by customer for analysis

Sampling Material(s)	Traceability Batch Number/ Equipment Number (If more than one used/ submitted, reference all)
1L Sampling bottle(s)	
500ml Sampling bottle(s)	
250ml Sampling bottle(s)	
Digital Timer(s)	

Section 5: Customer communication records

Communication with customer upon sample reception or after received:		Name and Signature
Name of company representative	Date:	