

TEST REQUEST FORM – MICROBIOLOGY SECTION

ANTIMICROBIAL & BACTERICIDAL EFFICACY TESTING IN ALCOHOL BASED HAND RUB DISINFECTANTS

Section 1: Customer Name and Address:

Company name: _____

Postal Address: _____ Town: _____

Tel No: _____ Fax No: _____

Requestor: _____ Requestor Signature: _____

E-mail address: _____

Purchase order number (Attach document): _____

Sample submitted by (Name in print): _____

Type of Account: Account Cash Account

Sample Reception
E-mail: ReceptionS@nsi.com.na
Tel: +264 64 216600
Fax: +264 64 200151

No of Samples:	Date samples collected:	(Internal Flow/Job reference Number)	
Customer Reference Code (applicable for regulatory samples submitted by NSI Certification Department)		Factory / Establishment: Name if applicable	

Section 2: Sample information

Sample ID <i>Kindly list names as they should appear on the test report *</i>	Time of sampling	<i>-For official purposes only-</i>				
		Received and verified by:		Time samples received		
		Lab ID No	Sample condition upon receipt			
			Sample received in tightly sealed container	Yes	No	STAMP
			Sample received in clean container	Yes	No	
			Sample condition acceptable	Yes	No	
			Sample rejected received in unsuitable condition	Yes	No	

Special request/Comments from customer:

Section 3: Please tick the appropriate box to indicate test requested

Test(s) Done & Unit Cost	Method	Test Parameters	Samples accepted*	Tick
Antimicrobial & bacterial efficacy in alcohol based hand rub disinfectant samples	TM/M/33 [NAMS 490- 3.1 and SANS 5261-1.1] (D)	Bactericidal efficacy in disinfectants (using <i>Staphylococcus aureus</i> , <i>Escherichia coli</i> and <i>Pseudomonas aeruginosa</i>)	D (G) (L)	

Note: D: Disinfectant - G: Gel/ L: Liquid

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

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

- For laboratory use only-

Section 5: Customer communication records

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

Customer complaint handling procedures as per QM 7.9
 Customer confidential and proprietary information will be made available to external parties i.e assessors, auditors and law makers.
 Samples submitted with only purchase order number and not purchase order document shall not be accepted.
 This Test Request Form serves as contractual agreement between the Requestor and NSI Testing Centre for services being rendered

Section 6: Fees for NSI Microbiology Laboratory (Antimicrobial/ bactericidal efficacy testing in Disinfectant samples)			
Microbiology Testing Services	Fee (N\$) (Incl. % VAT)	Microbiology Testing Services	Fee (N\$) (Incl. %)
Antimicrobial & bacterial efficacy testing in alcohol-based hand Rub disinfectants (1 x sample unit)	572.75	Mileage charge for sampling	4.50/km
Antimicrobial & bacterial efficacy testing in alcohol-based hand Rub disinfectants (1 x product tested submitted in triplicate)	828.45	Sample handling (referral)	130.52
Antimicrobial & bacterial efficacy testing in alcohol-based hand Rub disinfectants (Surveillance samples batched in batch of 3 products or more)	782.03	Original Report Re-print Fee	91.59
Call Out Fee for Sampling	575.88/hour	Un-returned sampling bottles (charges per bottle)	114.49

Please note: Transport to any outside laboratories for referral will be charged at courier company rates plus a handling fee.

***Retests will be charged at sample unit price.**

Customer complaint handling procedures as per QM 7.9

Customer confidential and proprietary information will be made available to external parties i.e assessors, auditors and law makers.

Samples submitted with only purchase order number and not purchase order document shall not be accepted.

This Test Request Form serves as contractual agreement between the Requestor and NSI Testing Centre for services being rendered