



**NSI TESTING CENTRE, Langer Heinrich Crescent, Erf no. 4466, P O Box 123; Walvis Bay, Namibia; Tel: +264 64 216 600; Fax: +264 64 200 151**

TEST REQUEST FORM – MICROBIOLOGY SECTION ANTIMICROBIAL & BACTERICIDAL EFFICACY TESTING IN ALCOHOL BASED HAND RUB DISINFECTANTS				
Section 1: Customer Name and Address:				
Company name:		<i>Stamp</i>		
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:	Credit		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 requirements		as per SANS 490 regulatory	
Culture strains used to challenge the sample(s)	Escherichia coli		
	Staphylococcus aureus		
	Pseudomonas aeruginosa		
Minimum obligatory contact time as per SANS 5261	1 minute (for hand disinfectants)		
<b>To be completed by the customer (all fields marked with an asterisk (*) are compulsory)</b>		<b>-For official purposes only-</b>	
Sample ID/ Product description*  Kindly list the product name as it should appear on the test report *			Laboratory Identification Number (ID)
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-**

Acknowledgement that sampling was conducted and points sampling confirmed.

Name of company representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Comment (any observations made during sampling that can affect sample results) e.g environmental conditions etc.**

\_\_\_\_\_

\_\_\_\_\_

Name of sampler: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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:**