



# Bioburden Test Sample Submission Form

Official Copy

Filled out this form completely and submit with test article(s). Any missing information or discrepancy will result in resubmitting the form and delay the processing of the test article(s).

Company Name \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

PO Number \_\_\_\_\_ Rush Assay (charges double)  YES

Special Project:  GLP Study  Other \_\_\_\_\_

**NOTE: INCUBATION REQUIREMENTS - BACTERIA: 3-5 DAYS AT 30-35°C AND FUNGI: 5-7 DAYS AT 20-25°C**

**Check Test Method (all are performed through membrane filtration):**

Assay Method	Add-on Services
<input type="checkbox"/> Aerobic bacteria and fungi	<input type="checkbox"/> Gram Stain <input type="checkbox"/> Pathogen Test
<input type="checkbox"/> Aerobic bacteria/fungi and Anaerobic bacteria	
<input type="checkbox"/> Anaerobic bacteria only	

Other \_\_\_\_\_

**Set-up Instructions:**

Alternate Incubation Requirements  NO  YES, Explain: \_\_\_\_\_

Alternate Incubation Time  NO  YES, Explain: \_\_\_\_\_

Storage Conditions  Room Temperature  Refrigerate

Follow your current RS?  YES RS # \_\_\_\_\_  NO, follow ELI standard method

Please specify any special request: \_\_\_\_\_

Test Article Description	Reference Number	Lot Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recommended Method of test article disposal: \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY EMBRYOTECH LABORATORIES INC. AND FAXED OR EMAILED TO SPONSOR**

Receipt date: \_\_\_\_\_ Tech Initials: \_\_\_\_\_ Condition of Shipment:  Good  Damaged  Discrepancy (explain)

Assigned ELI Accession Number: \_\_\_\_\_ Expected Completion date: \_\_\_\_\_

Emailed SSF Date/Initials \_\_\_\_\_

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