PHARMACEUTICALS (INCL. CAMS & COSMETICS) SAMPLE SUBMISSION FORM

Customer Name:	
Contact Name:	
Contact Number:	
Contact Email:	
Date:	
Customer Order No.:	
Signature:	

LABORATORY CONTACT DETAILS		
Admin:	admin@omniqulabs.co.za	(+27) 76 689 6858 (WhatsApp only)
Finance:	finance@omniqulabs.co.za	(+27) 21 773 0323
Laboratory Manager:	mariska@omniqulabs.co.za	(+27) 84 504 0307

LABORATORY USE ONLY				
OQ ORDER No.				
Date Received:				
Time Received:				
Delivery Mode:	**Customer**		**Courier**	
Laboratory Collection:	**Date**		**Time**	
Temperature (°C):				
Condition:				

Laboratory use only		Sample Matrix / Type	Sample ID / Description	Batch Details	Tests Required (please mark with an X)														STORAGE: 18-25 °C (R) / 1-5 °C (C) / < -18 °C (F)
Sign	Laboratory Sample Number				Bile-Tolerant Gram Negative Bacteria Detection	Bile-Tolerant Gram Negative Bacteria Enumeration	Microbiological Assay of Antibiotics	Test for Bacterial Endotoxins	Test for *Candida albicans*	Test for *Clostridium* spp.	Test for *Escherichia coli*	*Escherichia coli* Enumeration	Test for *Pseudomonas aeruginosa*	Preservative Efficacy Testing	Test for *Salmonella* spp.	Test for *Staphylococcus aureus*	Total Aerobic Microbial Count	Total Yeast & Mould Count	
					PC.BTD	PC.BTE	PC.AST	PC.LAL	PC.CAD	PC.CSD	PC.ECD	PC.ECE	PC.PAD	PC.PET	PC.SAL	PC.SAD	PC.TVC	PC.YMC	R/C/F
Comments / Further Instructions																			

!! PLEASE PROVIDE AT LEAST 50 g OF SAMPLE PER TEST !!