

MICRONLAB TEST REQUEST FORM

I-LB-504 • v02 • Approved: 17/10/2024



Thank you for using MicronLab, a Micronclean Ltd business. Please complete the below form to request a testing service, providing as much detail as possible, to enable us to efficiently complete the request.

PURCHASE ORDER NUMBER:

PURCHASE ORDER MUST ALSO BE PROVIDED

COMPANY NAME:

CONTACT NAME:

ADDRESS:

CONTACT E-MAIL:

E-MAIL REPORT TO:

SAMPLE DETAILS

SAMPLE:

OTHER DETAILS:

BATCH NO:

QUANTITY:

RETURN SAMPLES?

TESTING REQUIRED



FURTHER COMMENTS

STM001 - Garment Particulate ASTM

STM002 - Water Testing (Membrane Filtration)

STM003 - Length & Thickness Testing WITH CALIPERS AND/OR MICROMETER

STM004 - Fabric Shrinkage Assessment

STM005 - Specific Gravity of Liquid

STM006 - Burst & Leak Pressure Testing of Packaging

STM007 - Refractivity Testing of Liquid

STM008 - Liquid Bioburden

STM009 - Mass per Unit Area

STM011 - Goggle Particulate ASTM

STM013 - Environmental Microbiological Testing

STM014 - Allergen Testing

STM015 - Washer Extractor Bioburden Testing

STM016 - Product Bioburden

OTHER:

DISCLAIMER: PLEASE BE ADVISED, MICRONLAB DO NOT UNDERTAKE SAMPLING FOR TEST REQUESTS.

DATE SUBMITTED:

COMPANY NAME:

SIGNATURE: