



PHARMACEUTICALS (INCL. CAMS & COSMETICS) TEST REQUEST FORM

Compiled by:	Quality Manager	GHL P2.2. SF15	Rev. No.: 2
Approved by:	Laboratory Director	Approval Date: 2022-12-06	Page 1 of 1

SITE (please mark with an X) **HILTON** **CAPE TOWN**

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

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

CHECKLIST (X)	
TRF Complete	
Sample List	
Record Sheet	
Test Report	
Initial	
Comment	

GHL 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)]	
Checked	GHL Sample Number				Bile-Tolerant Gram Negative Bacteria Detection	Bile-Tolerant Gram Negative Bacteria Enumeration	Microbiological Assay of Antibiotics	Test for Bacterial Endotoxins	Test for <i>Candida albicans</i>	Test for <i>Clostridium</i> spp.	Test for <i>Escherichia coli</i>	<i>Escherichia coli</i> Enumeration	Test for <i>Pseudomonas aeruginosa</i>	Preservative Efficacy Testing	Test for <i>Salmonella</i> spp.	Test for <i>Staphylococcus aureus</i>	Total Aerobic Microbial Count		Total Yeast & Mould Count
sign					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		
**GHL Collection		Date:	Time:				Signature:												
Comments / Further Instructions																			

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