GHLP2.2. SF16.2

HEALTHCARE PRODUCT (MEDICAL DEVICE) TEST REQUEST FORM

Compiled by: Quality Manager	GHLP2.2. SF16	Rev. No.: 2
Approved by: Laboratory Director	Approval Date: 2024-10-22	Page 1 of 1

Client Name:	
Contact Name:	
Contact Number:	
Contact Email:	
Date Sampled:	
Date Submitted:	
Client Order No.:	

Client Code
if client code can be indicated here, then particulars on left are not required

Signature:

GHL USE ONLY			
BATCH ID.			
Date Received			
Time Received			
Delivery Mode	**Client**	**Courier**	****GHL Collection**
Temperature (°C)			
Sample Condition	Acceptable	Rejected	

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

Product Type	**Sample Type / Product Description**	**Number of Samples**	**Product Part Number**	**Product Batch / Lot Number**	**Tests Required (please mark with an X)**						**STORAGE** [18-25 °C (R) / 1-5 °C (C) / < -18 °C (F)]
					Bioburden on Healthcare Products (ISO 11737-1)	**Bioburden on Healthcare Products (ISO 11737-1) - Validation**	**Sterility for Healthcare Products (ISO 11737-2)**	**Sterility for Healthcare Products (ISO 11737-2) - Validation**	**Microbial ID - Medical Devices**	**Endotoxin Testing**	
					MD.BIO	**MD.BIO.VD**	**MD.STR**	**MD.STR.VD**	**MD.MID**	**MD.LAL**	
											R/C/F
****GHL Collection**	**Date:**	**Time:**			**Sign:**						
Comments / Further Instructions											