



Mikrolab Stockholm AB

Order form Endotoxin analysis

DOC ID: KB/INS1497 Ver. 1.0 (2025-03-03)

* Marks obligatory fields | (One form per analysis)

Customer	Hazard information, i.e. MSDS must be included.
Company* _____	Product name* _____
Contact person* _____	Product article number _____
Contact information* _____	Product batch number _____
Customer number* _____	Sampling date _____
PDF of analysis report to the following e-mail: _____	Purchase order _____ Storage* Ambient <input type="checkbox"/> +2-+8°C <input type="checkbox"/> Freeze <input type="checkbox"/>

Analysis		Method (method code)*		
Endotoxin analysis (Ph. Eur. 2.6.14, USP <85>, <161>)	Bacterial endotoxintest (BET) LAL-method, Gel-clot (M0015)	<input type="checkbox"/>		
	Kinetic LAL-method, method D (M1136)	<input type="checkbox"/>		
According to Product sheet/ Suitability report*		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
INS-_____ / PB_____				
Suitability: K_____				
Limit*: _____				
Reporting unit*	<input type="checkbox"/> EU/mg	<input type="checkbox"/> EU/g	<input type="checkbox"/> EU/mL	<input type="checkbox"/> EU/st
Sample amount/units*				
<input type="checkbox"/> _____, single sample		<input type="checkbox"/> _____, multiple samples (separate analyses)		
Other information				

Filled by Mikrolab

Arrival date	Sample number

Address (including packages)
Mikrolab Stockholm AB
Kung Hans väg 3
192 68 Sollentuna

Phone: 08-29 79 00
Sollentuna.lab@alsglobal.com
www.alsglobal.se

Board seat: Sollentuna
Org. Number: 556794-2171

Bankgiro 489-5678