



Mikrolab Stockholm AB

Order form Sterility analysis

DOC ID: KB/ INS-1496 Ver. 1 (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)*	
Sterility analysis	Direct inoculation (M0005) Ph. Eur. 2.6.1 / USP<71>	<input type="checkbox"/>
	Direkt inoculation (M0005) SS-EN ISO 11737-2 (Note: Maximum 50mL per sample)	<input type="checkbox"/>
	Membrane filtration (M0028) Ph. Eur. 2.6.1 / USP<71> (Note: Maximum 1L per sample)	<input type="checkbox"/>
According to Product sheet/ Suitability report*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
INS-_____ / PB_____	Volume per analysis*: _____	
Suitability: K _____		
Sample amount/units*		
<input type="checkbox"/> _____, single sample	<input type="checkbox"/> _____, multiple samples (separate analyses)	
Other information		

Filled by Mikrolab

Arrival date	Sample number
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