

Sample number: (do not fill in)

REQUEST FORM FOR DETERMINATION OF ANTIMICROBIAL ACTIVITY OF MATERIALS



PUBLIC HEALTH INSTITUTE - OSTRAVA

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Center of Clinical Laboratories, www.zuova.cz

Laboratory for testing virucidal activity, tel: 596 200 400, 409

Laboratory for control the effectiveness of disinfectants, tel. 596 200 227, 462

Laboratory for the diagnostics of mycobacteria, tel. 596 200 220, 144

Testing laboratory No.1554 accredited ČIA according to ČSN EN ISO/IEC 17025:2018



Client:

Address:

VAT number:

Sample name:

Manufactures:

Batch number:

Manufacturing date/Expiry date:

Sample composition:

Method of sterilisation*:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 70% ethanol | <input type="checkbox"/> UV disinfection |
| <input type="checkbox"/> Moist heat | <input type="checkbox"/> Samples delivered sterile |
| <input type="checkbox"/> Dry heat | <input type="checkbox"/> None |

Storage conditions:

Sample description:

Documents delivered with samples:

- Safety data sheet

Client stamp and signature:

To be filled by the laboratory on receipt of the sample

Delivered on:

Taken over by:

Standard		
1) Viruses*		
<input type="checkbox"/> ČSN ISO 18184 <input type="checkbox"/> ČSN ISO 21702 Tested strains:		
2) Bacteria*		
<input type="checkbox"/> ČSN ISO 20743 <input type="checkbox"/> ČSN ISO 22196	<input type="checkbox"/> ČSN ISO 27447	<input type="checkbox"/> AATCC TM100 <input type="checkbox"/> AATCC TM147
3) Type of test *		
<input type="checkbox"/> According to standard <input type="checkbox"/> Screening		
4) Test report*		
<input type="checkbox"/> Test report CZ <input type="checkbox"/> Test report EN		
TESTING CONDITIONS (1 material, 1 contact time and 1 temperature including the price)		
Contact time: Test temperature: Light source: Other conditions:		
Notes:		

* tick only what you require

A decision rule with negligence of uncertainty was used for the statement of conformity