The relevant part of the form is signed and stamped, and the other pages are initialed.

ANTIMICROP R&D and BIOCIDAL ANALYSIS CENTER by post or by mail to info .

Regarding the shipment **0850 220 90 89** You can call the number no.

**Address:** Nasuh Akar Mah. Süleyman Hacıabdullahoğlu Cad.No:37/1 Balgat – Çankaya / ANKARA

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. ***Sponsor Information*** | | | | | | | | | | | | |
| Applicant Organization |  | | Commercial Title : | | | | | | | | | |
| Address: |  | | Billing address: | | | | | | | | | |
| Tax Office and Tax No: | | | | | | | | | |
| Related person: |  | | Phone: | | | E-mail: | | | | | | |
| 1. **Analysis Type and Method** | | | **Microorganism, Duration and Conditions** | | | | | | | | | |
| ***Bactericidal***    *TS EN 13727+A2*    *TS EN 1276*  *TS EN 13697+A1*    *ISO 22196*  *AIR DISINFECTION TEST* ( *Modified ISO 16000-36/GB 21551)*  *ISO 20743*  *EN 17272:2020*    *Other (specify) …………………………* | | | *Bacterium* | | *P.aeruginosa* | | *aureus \_* | | | *E. coli K12* | | *Other* |
| *E.hirae* | | *E. coli (ATCC 10536)* | | | *B. subtilis* | |
| *Serratia marcescens* | | *Staphylococcus albus* | | | | *E. coli (ATCC 8739)* |
| *Klebsiella pneumoniae* | | | | |
| *MRSA* | | *VRE* | | |
| *Duration* | | *Specify (such as 30 seconds, 1 minute , 5 minutes , 10 minutes ) ……………….……….* | | | | | | | |
| *Heat* | | *20 0 C Room Temperature*  *Other : ………………………………………* | | | | | | | |
| *Conditions* | | *Clean Terms Dirty Terms* | | | | | | | |
| *Public/Personal Space* | | | *Medical Field* | | | | |
| ***Mycobactericidal***  *TS EN 14348*  *Other (specify) …………………………* | | | *Mycobacteria* | | *M. avium* | | | *M. terrae* | | | | |
| *Duration* | | *Specify (such as 30 seconds, 1 minute , 5 minutes , 10 minutes ) ……………….……….* | | | | | | | |
| *Heat* | | *20 0 C Room Temperature*  *Other : ………………………………………* | | | | | | | |
| *Conditions* | | *Clean Terms Dirty Terms* | | | | | | | |
| *Public/Personal Space* | | | *Medical Field* | | | | |
| ***Virucidal***  *TS EN 14476+A2*  *TS EN 16777*  *ISO 18184*  *ISO 21702*  *AIR DISINFECTION TEST* ( *Modified ISO 16000-36/GB 21551)*  *EN 17272:2020*  *Other (specify) …………………………* | | | *Virus* | | *Polio Type 1* | | *Adeno Type 5* | *M. norovirus* | | | | *Other:* |
| *Vaccinia (MVA)* | |
| *COVID-19* | | | |
| *Influenza* | | *Feline calicivirus* | | | | |
| *Duration* | | *Specify (such as 30 seconds, 1 minute , 5 minutes , 10 minutes ): ……………………* | | | | | | | |
| *Heat* | | *20 0 C Room Temperature*  *Other : ………………………………………* | | | | | | | |
| *Conditions* | | *Clean Terms Dirty Terms* | | | | | | | |
| *Public/Personal Space* | | | *Medical Field* | | | | |
| ***Fungicidal***  *TS EN 13624*  *TS EN 13697*  *TS EN 1650*  *ISO 13629*  *Other (specify) …………………………* | | | *Fungus* | | *C. albicans A. brasiliensis*  *Other:* | | | | | | | |
| *Duration* | | *Specify (such as 30 seconds, 1 minute, 5 minutes, 10 minutes) ……………….……….* | | | | | | | |
| *Heat* | | *20 0 C Room Temperature*  *Other : ………………………………………* | | | | | | | |
| *Conditions* | | *Clean Terms Dirty Terms* | | | | | | | |
| *Public/Personal Space* | | | *Medical Field* | | | | |
| 1. ***Test and Reference Substance Information* (Please write the information about the product you request analysis)** | | | | | | | | | | | | |
| *Study Name: ( biocidal test .. )* | | | |  | | | | | | | | |
| *Name of Test Substance:* | | | |  | | | | | | | | |
| *Serial Number of Test Item:* | | | |  | | | | | | | | |
| *Amount of Test Substance:* | | | |  | | | | | | | | |
| *Product Type of Test Substance:* | | | |  | | | | | | | | |
| *Packaging Type of Test Substance: (glass, plastic .. )* | | | |  | | | | | | | | |
| *Form of Test Substance: ( solid,liquid .. )* | | | |  | | | | | | | | |
| *Formulation Content of Test Substance :* | | | |  | | | | | | | | |
| *Concentration of Test Substance:* | | | |  | | | | | | | | |
| *Test Item Characterization Information:* | | | |  | | | | | | | | |
| *Test Item Arrival Date:* | | | |  | | | | | | | | |
| *Amount of Witness Test and Reference Substance:* | | | |  | | | | | | | | |
| *Storage Conditions: (4 0 C, room temperature .. )* | | | |  | | | | | | | | |
| *Name of Reference Item: (if applicable)* | | | |  | | | | | | | | |
| *Quantity of Reference Substance: (if any)* | | | |  | | | | | | | | |
| *Serial Number of Reference Item: (if applicable)* | | | |  | | | | | | | | |
| *Transfer of Test and Reference Material: (room users, cold chain .. )* | | | |  | | | | | | | | |
| *Information on Carrier Substance: (if any)* | | | |  | | | | | | | | |
| *Sponsor's Monitoring Status:* | | | | *I want □ I don't want□* | | | | | | | | |
| *What To Do If The Test And Reference Item Does Not Arrive In Appropriate Conditions:* | | | |  | | | | | | | | |
| *Actions to be Taken Regarding Increased Test Item:* | | | | *Let it be destroyed□ sent back□* | | | | | | | | |
| *Information on Archiving of Test Item:* | | | |  | | | | | | | | |
| *Information, Chemicals, Documents and Consumables to be Delivered Regarding the Test Substance: (such as product label, specification document, additional chemical solution to be brought with it)* | | | |  | | | | | | | | |
| *Delivery of Documents and Electronic Archives to the Sponsor in Case the Archive of the Laboratory is Closed:* | | | | *Delivered , Moved To □ The Laboratory's New Archive□* | | | | | | | | |
| 1. **General conditions** | | | | | | | | | | | | |
| * 1. It is customer's the responsibility to properly receive/prepare, transport, package and store the Test and Reference Substance until it is accepted at the laboratory.   2. Test acceptance begins from the date the Test and Reference Substance and the required paperwork and documents are delivered to the laboratory in full.   3. The customer is informed in writing when there is non-compliance with the conditions specified in Article 3 during the acceptance of the Test and Reference Material.   4. If the Test and Reference Substance is not delivered to the laboratory within 30 days from the receipt of the analysis request, the test request will be cancelled.   5. Your analysis request will be evaluated by our center; If found appropriate, a proforma invoice will be sent to you including the service fee and other conditions. Once the service fee is agreed upon, you will be asked to send a sample and analyzes will begin after the payment is made. | | | | | | | | | | | | |
| 1. **Confidentiality** | | | | | | | | | | | | |
| ANTİMİKROP R&D and Biocidal Analysis Center undertakes to keep the sponsor 's private information, analysis results and comments strictly confidential and not to share them with third parties. | | | | | | | | | | | | |
| 1. ***Sponsor Approval*** | | | | | | | | | | | | |
| We request that the analysis we request be made within the conditions specified in this form and that a proforma invoice be sent to us in return for this service. We accept and confirm the specified terms. All damages arising from the incomplete or incorrect information we have declared above belong to us. | | | | | | | *Approving Sponsor/Authority:*  (Name-Surname-Stamp)  Date:  Signature: | | | | | |
| 1. ***Test and Reference Substance Evaluation and Acceptance Approval* ( To** be filled by the Center) | | | | | | | | | | | | |
| *Analysis Request Acceptance Approval*  *(Test and Reference Substance Acceptance Officer)* | | *Name and surname:* | | | | | *Date:*  *Signature:* | | | | | |