**生物测试样品送检单Application Form for Biology Tests**

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| **一．填写说明Filling Guidance** | | | | |
| 1.为了**缩短沟通时间**，请**把此表填写完整**。  2. 对于无法提供的信息或不适用的信息，请以“**NA**”代替。  3. 带“\*”的信息将出现在最终报告上，请务必填写正确和完整！否则，将无法及时开展试验。  4. 如果不会填写或某些信息不确定，请及时联系您的销售人员，他们会指导您正确填写。  5. 填写完成后请确认信息，打印并在表格底部签字填写日期，之后将此表**与您的送检样品一同寄送**给我们，同时发送一份**Word电子文档**到与您联系的销售人员邮箱。  6. 如果您有任何疑问，请联系我们，(021-54736833)。感谢您的支持与合作！  1. To shorten the communication time, please fill out this application form completely.  2. Please type “NA” in the field(s) the information cannot be provided or does not applicable.  3. The required information symbolized “\*” will be in the final reports, please fill out completely and correctly. Otherwise, the tests will not be conducted timely.  4. If not fill out, or some information not sure, please contact your sales timely, they will guide you to fill out correctly.  5. Please confirm the information after completed, print this form, sign and fill in the date at the bottom, then send us with your sample(s), and send an electronic copy of this form to sales at the same time.  6. If you have any doubts, please contact us at (021-54736833). Thank you for your support and cooperation! | | | | |
| **二．委托方信息Sponsor Information** | | | | |
| 委托单位**\***  Sponsor\* |  | | | |
|  | | | |
| 委托单位地址**\***  Sponsor Add.\* |  | | | |
|  | | | |
| 制造商**\***  Manufacturer\* |  | | | |
|  | | | |
| 制造商地址**\***  Manufacturer Add.\* |  | | | |
|  | | | |
| 联系人ATTN |  | | | |
| 电话Phone |  | | | |
| 邮箱E-mail |  | | | |
| 制造商是否在报告中体现**\***  Does the manufacturer information appears in the final reports?\* | 请点击选择！Click and select! | | | |
| **三．对报告的要求Requirements for Test Report** | | | | |
| 报告用途  Report will be submitted to | 请点击选择！Click and select! | | | |
| 是否执行GLP**\***  Dose the test perform GLP compliance test?\* | 请点击选择！Click and select! | | | |
| 报告语言**\***  Language of Report\* | 请点击选择！Click and select! | | | |
| 报告递送方式  Delivery of Report | 请点击选择！Click and select! | | | |
| **四．样品基本信息Test Article Information** | | | | |
| 名称Name **\*** |  | | | |
| 原始状态Initial State **\*** | 请点击选择！Click and select! | | 灭菌方式Method of sterilization**\*** |  |
| 型号Model **\*** |  | | | |
| 规格Size **\*** |  | | | |
| 样品材料**\***  Test Article Material**\*** |  | | | |
| 包装材料**\***  Packaging Material**\*** |  | | | |
| 批号Lot/ Batch#\* |  | | | |
| 注意：批号必须填写！出具报告后不可更改！Attention: Lot/ Batch must be completed and cannot be modified after the report issued! | | | |
| 有效期至**\***  Expiry Date**\*** |  | | | |
| 物理状态**\***  Physical State**\*** | 请点击选择! Click & select! | | | |
| 保存条件**\***  Storage Condition**\*** | 请点击选择！ Click & select! | | | |
| 颜色\*  Color**\*** |  | | | |
| 密度\*  Density**\*** |  | | | |
| CAS 号**\***  CAS Code**\*** |  | | | |
| 稳定性**\***  Stability**\*** |  | | | |
| 溶解度**\***  Solubility**\*** |  | | | |
| 医疗器械分类及用途**\***  （非医疗器械无需填写）  Medical Device Categorization**\*** | 按人体接触性质：  Categorization by Nature of Body Contact | | | 请点击选择！ Click & select! |
| 按接触时间：  Categorization by Contact Duration | | | 请点击选择! Click & select! |
| 临床预期用途：  Intended Clinical Use | | |  |
| 送检样品数量  Quantity Submitted |  | | | |
| 试验结束未使用样品处置**\***  Unused Test Article Disposition**\*** | 请点击选择！ Click & select! | | | |
| 其他特别说明  Other |  | | | |
| **五．生物相容性试验信息（样品无需浸提制备的可不填写）Further Information for Biological Evaluation**  (若该栏部分不填写，熠品实验室在收到样品后，将按照标准默认要求编写试验方案。If this part is not filled in, EPIN will prepare the test plan according to the standards after the sample received. ) | | | | |
| 样品厚度（仅针对片板材、薄膜等）  Thickness (for films, sheets, slabs, etc.) | | 请点击选择！ Click & select! | | |

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| 浸提液的制备  Preparation for the Final Extract | 取样方式**\***  Sampling**\*** | 请点击选择！ Click & select! | | | | |
| (指定的部位或部件the test parts or materials specified:) | | | | |
| 浸提方式**\***  To be Prepared by**\*** | 请点击选择！ Click & select! | | | | |
| 样品表面积**\***  Surface Area**\*** | cm2  \*表面积须包括能接触到浸提液的所有表面，如内侧+外侧，正面+反面。  Surface area should include all surfaces exposed to the vehicle, such as inside + outside, both sides of slabs.  \*对于采用随机取样的受试样品，其表面积将由EPIN测算，此处无需填写。  For random sampling test articles, the surface area will be calculated by EPIN. | | | | |
| 浸提条件**\***  Extraction Condition**\*** | 请点击选择！ Click & select! | | 注：除了细胞毒性试验外的其余试验Except Cytotoxicity Test | | |
| 其他浸提条件Others： | |
| **六、试验任务信息Testing Task Information**（若该部分的项目都不适用，请在“其他说明”栏中详细说明。If the items in this part are not applicable, please detail in the "Other Remark " section. ） | | | | | | |
| **样品属性\***  **Test Article Nature\*** | **试验名称\***  **Test Item\*** | | **参照标准\***  **Reference Standard\*** | | **浸提介质\***  **Extraction Media\*** | **备注（补充说明）**  **Remark** |
| 请点击选择！ Click & select! | 请点击选择！ Click & select! | | 请点击选择！ Click & select! | | 请点击选择！ Click & select! |  |
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| 其他说明：  Other Remark: |  | | | | | |

**再次提醒！：带星号\*的信息将体现到最终报告上，请务必填写正确或核实清楚！**

**Attention! :** \***This information will appear on your final report.**

**委托方签字Sponsor Signature：**   **日期Date：**

（请打印后签名Please sign after printing）

（以下由熠品实验室签字The following is for EPIN）

**样品管理员Sample Administrator：**  **日期Date：**

**技术负责人Technical Director ： 日期Date：**