## **DO NOT MODIFY THIS FORM**

# Loricon Testing Service, Inc.

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## EMAIL TO: loricon-submissions@hotmail.com

С	ust	om	er:

Test #:								
For Office Use Only								
Start Date:								

D	a	te	S	ie	'n	t:	
_	-			-	•••	•••	

Address:

Contact:

Email:

D	a	te	S	e	n	t:	

Date Sent	D	ate	e Se	ent
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Start	Date:	
End	Date:	

### **REFERENCE #:**

P.O. #:			TEST M	ETHOD	)	Ī				
Client's Sample #	Sample Description	отс		CTFA	OTHER	*TYPE	Batch / Lot	Production	Prepared	Date
Sample #	· ·	(Drug)	(Cosmetic)				Number	Date	Ву	Prepared
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

#### \*TYPE: B = Bulk, F = Finished Product, R = Raw Material, C = Challenge, S = Swab, O = Other

SAMPLE IDENTIFICATION	QC REVIEW PLATE COUNT RESULTS								MICROBIOLOGICAL EVALUATION											
Loricon ID	Test Method		Test Method Gram Stain		ТАМС	іс тмус	Туре	S. aureus P. aeruginosa		E. coli		Other Microbes Pathogen	Pathogen	Confirmatory Testing						
	USP	CTFA	OTHER	G-	G+	TANC		Y or M	DET	ND	DET	ND	DET	ND	Found			Select	BBL	Other

USP: Recommended method as per current USP CTFA: Recommended method as per PCP OTHER: Per Customer Request

TAMC: Total aerobic microbial count

DET: Organism Detected

ND: Organism Not Detected

TMYC: Total mold and yeast count

R: Rod

- G-: Gram negative bacteria
- G+: Gram positive bacteria
- TNTC: Too Numerous To Count

<10: Less than 10 CFUs (Colony Forming Units)

NG: No Growth

BBL: Method of identification bacteria

Select: Special Media to identify specific bacteria

C: Cocci N/A: Not Applicable Examining Microbiologist FEI #: 3010087143

## These results apply only to the samples tested