



Microbiological
Validation
Services Ltd

Microbiological Validation Services Ltd TAMC/TYMC, Absence of Pathogens Submission Form			
CUSTOMER NAME:			
NUMBER OF SAMPLES:		PURCHASE ORDER NO:	
DESCRIPTION OF SAMPLE:			
REF NO:		BATCH NO:	
TEST REQUEST: TAMC/TYMC			
PATHOGENS REQUESTED (IF APPLICABLE)			
<i>Pseudomonas aeruginosa</i>		<i>Escherichia coli</i>	
<i>Candida albicans</i>		<i>Staphylococcus aureus</i>	
BCC Complex		<i>Salmonella species</i>	
ADDITIONAL PATHOGENS:			
ORIGINAL VALIDATION REPORT NO:			
COMMENTS:			
SIGNED:		DATE:	

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