

# ams Laboratories Pty Ltd

ABN 47 075 467 757

8 Rachael Close  
SILVERWATER NSW 2128  
Australia

Tel: 02 9704 2300 Fax: 02 9737 9425

## SAMPLE SUBMISSION FORM

### ANTIBIOTIC BIOASSAY

**COMPANY :**

**ORDER NO:**

**PHONE NO.:**

**FAX NO.:**

**SUBMITTED BY :**

**DATE OF SUBMISSION:**

Please help us by providing as much detail as possible.

Product Name or Designation:	
Batch or Lot Number:	Expiry Date:
Amount of sample provided:	Sample Storage Condition:
Official name of the antibiotic to be investigated*:	
Label Claim**:	Potency/Percentage of the active ingredient(s) : If Overdose, please provide Actual Potency:
Please attach formal product label : <input type="checkbox"/>	
Please provide Reference Standard : TGA Standard <input type="checkbox"/> Work Standard <input type="checkbox"/> Other <input type="checkbox"/>	
Please provide COA of Reference Standard : <input type="checkbox"/>	
Others:	

\*Please specify the types and forms of the active ingredient(s) (eg. Erythromycin Ethyl Succinate, Erythromycin Stearate etc)

\*\* Please specify Label Claim against the types and forms of the active ingredient(s) (eg.250mg/g Erythromycin Ethyl Succinate, 250mg/g Erythromycin Base etc)