

ORDER OF A CHALLENGE TEST SERVICE FROM COSPHATEC

Company:		Address:	
First and last name:		ZIP-Code:	
Phone/Mobile:		Country:	
E-Mail:		Supporting Sales Manager from Cosphatec:	

Test Method	European Pharmacopoeia (Ph. Eur.) 5.1.3
	DIN EN ISO 11930

Name/Sample 1:			Conc.%			Conc.%
Preservation system	Antimicrobial Agent 1			Antimicrobial Agent 3		
	Antimicrobial Agent 2			Antimicrobial Agent 4		
Formulation	Type:	Others:	pH value:			
Name/Sample 2:			Conc.%			Conc.%
Preservation system	Antimicrobial Agent 1			Antimicrobial Agent 3		
	Antimicrobial Agent 2			Antimicrobial Agent 4		
Formulation	Type:	Others:	pH value:			
Name/Sample 3:			Conc.%			Conc.%
Preservation system	Antimicrobial Agent 1			Antimicrobial Agent 3		
	Antimicrobial Agent 2			Antimicrobial Agent 4		
Formulation	Type:	Others:	pH value:			
Submitted (DD/MM/YY)						

If you have any further questions about the challenge test methods or our service, please feel free to contact us.