

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.
Please fill out the form and send it to your contact person