Lab4LIFE A COMPLIFE COMPANY	**TEST ITEM DATA SHEET**	All.1 MORD en Rev 3 del 28/11/2023

Study Sponsor (Name and address)	
Name of Test Item **As it will be reported in the Test Report**	
Product Type *	
IUPAC Name (If applicable)	
CAS Number (If applicable)	

For medical device only

Nature of body Contact Rif Table A.1 ISO 10993-1 **If applicable**	**Surface MD** ☐ Intact skin ☐ Mucosal Membrane ☐ Breached surface	**Ext communicating MD** ☐ Blood path indirect ☐ Tissue / bone / dentin ☐ Circulating blood	**Implant medical device** ☐ Tissue / Bone ☐ Blood
Contact Duration	☐ ≤ 24 hours	☐ > 24 h to 30 days	☐ > 30 days
Surface area and thickness of the device or Weight of the device			

Physical appearance	☐ Device ☐ Solid ☐ Liquid ☐ Gel ☐ Powder
Code No.	
Lot No.	
Sterility ☐ Sterile ☐ Non-sterile Method of sterilization: _____Sterilization Lot:_____	
Batch produced by (Name and address) **if different from sponsor**	
Date of Manufacture	
Date of Expiry / Valid up to	
Date of Retest	
Number of test items	
Storage conditions ☐ Room Temperature ☐ Cool and dry (+2 to +8°C) ☐ Frozen (< -10°C) ☐ Others: Controlled transport condition (if applicable):	
Safety Precautions, if any	
Material safety data sheet attached	☐ Yes ☐ No
Certificate of analysis	☐ Yes ☐ No
GLP management for the requested tests	☐ Yes ☐ No
In the case of non-destructive tests, the sample must be returned (shipping costs paid by the Customer)	☐ Yes ☐ No
Any additional information (optional)	
Name of The Sponsor's Representative	
Signature and date	

***e.g. Agrochemical, Pharmaceutical, Biotech, Industrial Chemicals, Cosmetics, Nutraceuticals, Food and Feed additives, Medical devices, others (Specify)**

To be filled by Lab4LIFE	
Numero di accettazione:	Verificato da: