



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	Ext communicating MD	Implant medical device
	<input type="checkbox"/> Intact skin <input type="checkbox"/> Mucosal Membrane <input type="checkbox"/> Breached surface	<input type="checkbox"/> Blood path indirect <input type="checkbox"/> Tissue / bone / dentin <input type="checkbox"/> Circulating blood	<input type="checkbox"/> Tissue / Bone <input type="checkbox"/> Blood
Contact Duration	<input type="checkbox"/> ≤ 24 hours	<input type="checkbox"/> > 24 h to 30 days	<input type="checkbox"/> > 30 days
Surface area and thickness of the device or Weight of the device			
Physical appearance <input type="checkbox"/> Device <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gel <input type="checkbox"/> Powder			
Code No.			
Lot No.			
Sterility <input type="checkbox"/> Sterile <input type="checkbox"/> 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 <input type="checkbox"/> Room Temperature <input type="checkbox"/> Cool and dry (+2 to +8°C) <input type="checkbox"/> Frozen (< -10°C) <input type="checkbox"/> Others: Controlled transport condition (if applicable):			
Safety Precautions, if any			
Material safety data sheet attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certificate of analysis		<input type="checkbox"/> Yes <input type="checkbox"/> No	
GLP management for the requested tests		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the case of non-destructive tests, the sample must be returned (shipping costs paid by the Customer)		<input type="checkbox"/> Yes <input type="checkbox"/> 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: