**Submission form to The Pirbright Institute Disinfectant Testing Laboratory for efficacy testing of disinfectant against animal viruses**

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| --- | --- |
| Disinfectant Name: |  |
| Manufacturer: |  |
| Date of Manufacture: |  |
| Expiry date: |  |
| Batch/Lot No: |  |
| To be tested against FMDV (please ): |  |
| Dilutions required (FMDV):(expressed 1 part disinfectant : x parts water) |  |
| To be tested against SVDV (please): |  |
| Dilutions required (SVDV):(expressed 1 part disinfectant : x parts water) |  |
| Special requirements for the preparation of working disinfectant and its application:(For example, maximum time between preparation and use, min/max temperature, contact times etc) |  |

**Please note:** The disinfectant testing laboratory only accepts disinfectants in bottles of 200 millilitres/ grams or less. Disinfectants submitted in bottles which contain more than this amount will be sub-aliquoted on arrival.

**Product composition** including dyes, perfumes etc.

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| --- | --- |
| Ingredient | Exact percentage of disinfectant ingredients |
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**Declaration of contact time**

In order to satisfy our ISO/IEC17025 requirements and therefore provide an end result stating a specific contact time, a neutralisation control is performed with every test. The neutraliser is used to cease the activity of the disinfectant at the end of the contact time without compromising the viral titre. The current neutralising buffers used are:

Carbonate/bicarbonate buffer +1% Foetal bovine serum (FBS) for all hydrogen peroxide or peroxymonosulphate based disinfectants

Phosphate buffered saline (PBS) +1% FBS for all other disinfectants

All customers will be contacted if the neutralising buffer fails to neutralise the disinfectant and the use of alternative buffers will be discussed. Please be aware, any additional testing performed will incur extra costs.

Please contact us if you have any concerns that your disinfectant will not be neutralised by the above neutralising buffers before testing commences.

Please sign below to state you have understood these terms

|  |
| --- |
| Contact name: |
| Signature: |
| Company name and address:  |  |
| Telephone number with full dialling code: |  |
| Email address: |  |

***For Laboratory use only***

|  |  |  |
| --- | --- | --- |
| Lab Reference No.:  | **Name** | **Date** |
| Submission form received & reviewed |  |  |
| Invoice request submitted |  |  |
| Payment Received |  |  |
| MSDS Received |  |  |
| Disinfectant Received |  |  |