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 100 millilitres/ grams or less. Disinfectants submitted in bottles which contain more than this amount will be sub-aliquoted on arrival.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Product Composition including Dyes and perfumes etc   |  |  | | --- | --- | | Ingredient | Exact Percentage of Ingredient in Product | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| --- | --- |
| Contact name: |  |

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

***For Laboratory use only***

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