| FB-M 15-114 | | Test Item Characterization Sheet | | | | | - CleanControlling |
|---|-------------------------|--|---|-------------------------|---------------|-----------|--------------------|
| | e of Change .09.2021 | Version 1 | | | Page 1 / 1 | | MEDICAL |
| Sponsor, address (as desired in the final report) Ship and bill to (if different) | | | | | | | |
| , | | | | | | | |
| Sponsor's responsible person | | | | | | | |
| Requested test(s) Quotation No. | | | | | Order No. | | |
| Testing acc. to GLP? | | ☐ Yes | No | | | | |
| Sponsor-specific limits | | | | | | | |
| Information about the test item | | | | | | | |
| Name of test item | | | | | | | |
| (exact product nam Article No. | | | | | | | |
| Batch No. | | | | | | | |
| Number of test iten | าร | | | | | | |
| to be tested | | | | | | | |
| Total surfac | | | | | | | |
| !!!!! Total surface of test item necessary for testing of Cytotoxicity!!!!! If surface of testitem can't be calculated – e.g. textiles or powder - the necessary weight of testing will be determimed by the laboratory | | | | | | | |
| Additional information about test items or testing procedure | | | | | | | |
| | | | | | | | |
| Testing | rtial (please fill) | | | Validation Bioburden | | e done? | |
| Type of metal | | /mer | silicone | ceramic | | Project-N | o.: (if existing) |
| Type of metal polymer silicone ceramic material other: Image: silicone Image: | | | | | | | |
| Regarding reprocessing, does the test item have Bones Mucosa | | | | | | | |
| contact with? or | | | | | | | |
| Are parts of the tes If yes, which part a | | 🗌 Yes | 🗌 No | | | | |
| May the test item be disassembled (if necessary) | | | | Yes No | | | |
| May the test item b | eces (if nece | ssary)? | ? Yes No | | | | |
| Any biocidal prope | | | 🗌 Yes | 🗌 No | | | |
| If yes, please speci Are the test items s | | | <u> </u> | | | | |
| If not sterile: may the | he steam et | steam sterilized at Yes: 121 °C 134 °C | | | | | |
| 121°C/ 134°C? | DE SIEAIII SI | ormzeu al | Yes: 1 1 | 21 °C | ∐ 134 | | |
| Handling of test ite (return delivery will b | - | nplete | Disposition by CleanControlling Medical Return delivery | | | | |

Please send us the filled form together with the test items. Please use the exact wording desired on the final report Please use different sheets for different test items or testing procedures. Thank you.

Please use this button to clear the form