



Office Use Only
Date Received:
ARL #:
No. of Articles to be tested:

**Rapid Sterility Method Verification Order Form**

*(Please complete this form for each formula and submit with a copy of the formula worksheet and any sub-formulas.)*

Client Name:	
Client ID No.:	Formula ID No.:
Formula Name:	
Container Type: (Vials, Syringes, IV Bags, etc.)	
Anticipated Maximum Batch Size (number of containers in a finished batch):	
Fill volume of containers:	

Please list all products with NDC numbers:

Product Name:

NDC Number:


*(Please complete this form for each formula and submit with a copy of the formula worksheet and any sub-formulas.)*

**Your submission of this form to ARL certifies that: (1) all information provided on this form is true and correct; (2) you have reviewed the Terms and Conditions located at <http://www.arlok.com/arl-forms>; (3) you agree to be bound by the Terms and Conditions; and (4) if you are submitting this form on behalf of a company or other entity, you have the authority to bind that company or entity to the Terms and Conditions.**