

## Anti-bacterial Test Form

**Staff only:**

Request no. ....  
Date .....  
Sale order no. ....  
Invoice no. ....

<b>1. Applicant / Sender Information:</b> Customer Name ..... Organization ..... Address ..... ..... Phone ..... Fax ..... E-mail .....	<b>4. Testing pattern:</b> <input type="checkbox"/> Data file <input type="checkbox"/> Pattern of report <i>(add charge)</i>
<b>2. Name of Receipt / Tax Invoice and Testing Report:</b> Name ..... Address ..... ..... TAX ID ..... Branch no. ....	<b>5. Getting the testing report:</b> <input type="checkbox"/> Receive by yourself <input type="checkbox"/> Delivery by EMS <input type="checkbox"/> Delivery by E-mail: .....  <b>6. Getting a return sample:</b> <input type="checkbox"/> Consent to destruction <input type="checkbox"/> Receive by yourself <i>(within 30 days after received testing report. Otherwise, allow immediate destruction.)</i> <input type="checkbox"/> Delivery by EMS
<b>3. Address for delivery of receipt / tax invoice and report of test results:</b> Delivery by <input type="checkbox"/> No.1 <input type="checkbox"/> No.2 <input type="checkbox"/> Others ..... ..... .....	<b>7. Original Invoice/Quotation delivery:</b> <input type="checkbox"/> Delivery by E-mail: ..... <input type="checkbox"/> Delivery by EMS (Additional service charge) <input type="radio"/> Original delivery before payment <input type="radio"/> Original delivery with the receipt

**8. Sample detail:**

No.	Name/Sample code	Amount	Sample specification			Remark	9. Testing Method: ..... ..... .....
			Status	Color	Other		
1							
2							
3							
4							
5							
6							
7							
8							

**10. Sample retention:**

- Room temperature  
 Chiller  
 Freeze  
 Other .....

**11. How to send the samples:**

- by EMS  by yourself

..... Submitter

Date .....

**Staff only:**

Sample Recipient Officer ..... Received date ..... The sample matches the information provided by the

customer :  Yes  No, Quantity :  Completed  Not complete Because .....

**Disclaimer**

The validity of the test results is strictly limited to the specific samples and the corresponding testing conditions and devices used; no further extrapolation or interpolation of the results is to be inferred. NANOTEC will not take any responsibility or liability for any consequences or damages, which may directly or indirectly result from the use of this test information. Noted that NANOTEC is not a certified body. Use of NANOTEC's name or symbol (logo) in any case without prior written permission from the Director of NANOTEC is prohibited.

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### Detailed of Anti-bacterial inhibition test

1) Sterilization technique

- Autoclave (Temperature 121 °C for 15 minutes)
- 70% Ethanol
- UV
- Other .....

2) Strain of bacteria:

Gram positive

- Staphylococcus aureus* (ATCC 6538, 6538P or 25923)

Gram negative

- Escherichia coli* (ATCC 8739 or 25922)
- Klebsiella pneumoniae* (ATCC 4352 or 700603)
- Pseudomonas aeruginosa* (ATCC 15442 or 27853)
- Samonella enterica* (ATCC 10708)

3) Standard test method:

Qualitative

- AATCC 147–2004 Antibacterial activity assessment of textile materials
- JIS L 1902:1998 Testing method for antibacterial of textiles
- CLSI M2–A11 Performance standards for antimicrobial disk susceptibility tests (Clear zone test)

Quantitative

- AATCC 100–2012 Assessment of antibacterial finishes on textile materials
- JIS L 1902: 1998 Testing method for antibacterial of textiles
- JIS Z 2801: 2010 Antimicrobial products-Test for antimicrobial activity and efficacy
- ISO 22196: 2011 Measurement of antibacterial activity on plastic surfaces (Accredited by ISO/IEC 17025:2005)
- CLSI M7–A9 Methods for dilution antimicrobial susceptibility tests for bacteria that grow aerobically (MIC)
- ASTM E2149–13a Standard test method for determining the antimicrobial activity of immobilized antimicrobial agents under dynamic contact conditions

Others:

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