Application form of Filter cartridge verification

Customer:				
Quantity:		Drug name:		
Contacts:		Tel:		
Verification items:	Bacteria Rejection□	Cost：		
	Chemical Compatibility□			
	Dissolution□			
	Adsorption □			
	Integrity□			
	Reusability□			
Total number of projects:		Total cost:		
Verify filter cartridge:	LENGE□	Other brands □	_____	
Applicant:		Auditor:		
Date of application:		Sample delivery date:		

Note: The validation period is 45 days. If drugs need to be configured, the time should be extended.

The expense column shall be filled in according to the actual situation, if not used / filled in.