

Microbiological Validation Services Ltd VDMAX Submission Form

CUSTOMER NAME:	PURCHASE ORDER NO:
NUMBER OF SAMPLES SUBMITTED:	
DESCRIPTION OF SAMPLES:	
BESSELLE FISH OF SAMUELES.	
IF A DOOF OTHER THAN OF COURSE BY	
IF A DOSE OTHER THAN 25kGy IS REQUIRED, PLEASE SPECIFY:	
IF PRODUCT IS FOR ANY OTHER METHOD THAN GAMMA, PLEASE SPECIFY:	
Please select one of the 3 options below:	
1. JUSTIFICATION / SUBSTANTIATION FOR MULTIPLE BATCHES OF PRODUCT	
YES / NO	
NOTE: Follows ISO 11137-2 / ISO 13004 'Procedure for Method VDmax for multiple production	
batches'. Requires non sterile samples, at least 10 samples from each of 3 production batches for bioburden testing, and 20 for tests of sterility (including spares), 50 samples in total.	
2. RE-JUSTIFICATION / AUDIT OF DOSE SUBSTANTIATED IN ORIGINAL EXERCISE	
YES / NO	
NOTE: Follows ISO 11137-2 / ISO 13004 'Procedure for auditing a sterilization dose substantiated	
using Method VDmax'. Requires non sterile samples, at least 10 samples for bioburden testing, and	
20 for tests of sterility (including spares) from a single production batch, 30 samples in total. IF OPTION 2 IS SELECTED PLEASE PROVIDE REPORT REFERENCE OF ORIGINAL	
JUSTIFICATION / SUBSTANTIATION:	
If the original dose setting was carried out by a different laboratory, the full report must be provided	
before work commences.	
3. SINGLE PRODUCTION BATCH VALIDATION	
YES / NO	
NOTE: Follows ISO 11137-2 / ISO 13004 'Procedure for Method VDmax for a single production	
batch'. Requires non sterile samples, at least 10 for bioburden testing and 20 for tests of sterility	
(including spares) from a single production batch, 30 samples in total.	
Valid only for the sterilization of the batch of pr	
PRODUCT REFERENCE:	BATCH NUMBER(S);
FOR OFFICE USE ONLY:	
ANY OTHER INFORMATION:	
CORRECTION FACTOR:	STASIS REQUIRED:
DOSE REQUIRED:	BIOBURDEN / STERILITY DOSE RANGE:
SIGNED:	DATE:

Martin House, 64 Cross Bedford Street, Sheffield, S6 3BQ Telephone: 0114 272 3466

E-mail: info@mvslimited.co.uk www.mvslimited.co.uk