

**Submission form to IAH Pirbright Disinfectant Testing Laboratory
for efficacy testing of disinfectant against animal viruses**

Disinfectant Name:	
Manufacturer:	
Date of Manufacture:	
Expiry date:	
Batch/Lot No:	
To be tested against FMDV (please ✓):	
Dilutions required (FMDV): (expressed 1 part disinfectant : x parts water)	
To be tested against SVDV (please ✓):	
Dilutions required (SVDV): (expressed 1 part disinfectant : x parts water)	
Special requirements for the preparation of working disinfectant and its application (for example, maximum time between preparation and use, min/max temperature etc):	

Contact name:
Company name and address:
Telephone number with full dialling code:
Email address:

For Laboratory use only

Lab Reference No.:	Name	Date
Submission form received & reviewed		
Invoice request submitted		
MSDS Received		
Disinfectant Received		