



International Antimicrobial Council

LAB USE ONLY

IAC Project:

Received:

Technician:

Test Request Form

What is the Name of the Company that will be invoiced for this testing?	
What is the Billing Address that should be used for invoicing?	
What is the Invoicing Email Address of the person that the IAC should contact for invoicing questions?	
What is the Reporting Email Address of the person that will receive the report(s)?	
What is the name of the Microbial or Odor Control Technology used on the treated article(s)? Include an EPA registration number, if available.	
What is the anticipated End-Use of the treated article?	
What Application Method was used to treat the article(s)?	
What Application Level (ppm or percent) was used to treat the article(s)?	
What is the Composition of the treated article(s), e.g. 100% polyester?	

Send samples and completed Test Request Form to:
International Antimicrobial Council
2298 North Eastman Road
Midland, MI 48642
director@amcouncil.org



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TREATMENT LEVEL

DURABILITY

Test Method

☐ ASTM E3162-18

☐ Other

Quantity

☐ 0

☐ 5

☐ 10

☐ 20

☐ 40

☐ Other

Requirement

MICROBIAL CONTROL

Antibacterial Test Method

Bacteria

☐ E. coli

☐ K. pneu.

☐ S. aure.

☐ P. vulg.

☐ Other

Antifungal Test Method

Fungi

☐ A. niger

☐ C. glob.

☐ T. pino.

☐ Other

Antiviral Test Method

Virus(es)

ODOR CONTROL

Test Method

Analyte

☐ milk

☐ IVA

☐ ammonia

☐ indole

☐ Other

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Other (please specify)

If you have questions about test methods or need assistance with this form, contact director@amcouncil.org.

A minimum of 20 grams of each sample is required depending on the specified test method.

The sample identification provided below is what will appear on the IAC report following completion of testing. Limited changes to sample names are available on a case-by-case basis. Please limit sample identifications to one sample per cell in the table below. *Do not change this table in any way.* If you need to design a tailored Test Request Form for your sample submission, contact director@amcouncil.org. Please attach a separate sheet, if necessary, to list all samples to be tested.

Sample Identification

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Antimicrobial pass / fail requirements	
Priority	Normal

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