**TEST ITEM DATA SHEET (T.I.D.S.)**

| **NAMES AND ADDRESSES** | | |
| --- | --- | --- |
| **SPONSOR** | | |
| Name | |  |
| Address | |  |
| **SPONSOR’S REPRESENTATIVE** | | |
| Name | |  |
| E-mail | |  |
| Phone Number | |  |
| **STUDY MONITOR** | | |
| Name | |  |
| Company | |  |
| Address | |  |
| E-mail | |  |
| Phone Number | |  |
| **GENERAL TEST ITEM INFORMATION** | | |
| Product Type / Intended use |  |
| Test Item Name (to be used in Reports) |  |
| CAS-Number |  |
| Batch Number (In case of a “Five-Batch Analysis” fill in all the nearby spaces and make sure to match each number of this section with the corresponding ones in the following sections: “Manufacturing Date”, “Expiry Date”, “Batch Purity”. In all the other cases, the additional spaces can be marked with the acronym “N.A. = Not Applicable”). |  |
| Manufacturing Date |  |
| Expiry Date (FORMAT: DD/MM/YYYY) |  |
| Dispatched Quantity (e.g. indicate the nr. of T.I. units dispatched and the total weight/volume) |  |
| Molecular Formula |  |
| Batch Purity |  |
| Storage Conditions | Room temperature (not controlled)  Fridge (5 ± 3°C)  Freezer (≤ 18°C)  Keep away from light  Keep away from humidity  Keep under nitrogen  Other |
| Attached Documents | Material Safety Data Sheet (**MANDATORY**)  Certificate of Analysis  Analytical method  Other |
| Regulatory Requirements | EU Regulation No 1107/2009 (Agrochemical)  EU Regulation No 528/2012 (Biocides)  Other |

**TEST ITEM DESTINATION**

|  |  |
| --- | --- |
|  | Return of the Test Item at Sponsor’s cost |
|  | Test Item Disposal  At Final Report Dispatch  Other |

**ARCHIVING**

All the documents related to the Study will be stored for 6 years in the LabAnalysis GLP Studies Archive. After that, the following will be applied:

|  |  |
| --- | --- |
|  | Shipment of documentation to the Sponsor (at Sponsor’s cost) |
|  | Documentation disposal (without cost) |
|  | Further Archiving (at Sponsor’s cost) |

**NOTES**

All the above Data will be treated in strict confidence.

Please fill this Information Sheet and return it to:

LabAnalysis s.r.l.

Via Europa 5

27041, Casanova Lonati (PV)

Italy.

Phone number: *+* 39 0385 287128

E-mail: [glp@labanalysis.it](mailto:glp@labanalysis.it)

Date

Name       / Signature