

Government of Nepal  
Ministry of Forests and Soil Conservation  
Department of Plant Resources

**ANTIMICROBIAL ACTIVITY ANALYSIS REQUEST FORM**

(सूक्ष्मजीविरोधी क्षमता परीक्षणको लागि फारम)

**Date of submission:** \_\_\_\_\_

(बुझाएको मिति)

**Name of sample provider/manufacturer:** \_\_\_\_\_

(नमुना बुझाउनेको नाम)

**Address of the sample provider:** \_\_\_\_\_

(नमुना बुझाउनेको ठेगाना)

**Phone no. and email of the sample provider:** \_\_\_\_\_

(नमुना बुझाउनेको फोन नं र इमेल ठेगाना)

**Name of the sample:** \_\_\_\_\_

(नमुनाको नाम)

**Extraction procedure (optional):** \_\_\_\_\_ **Test concentration (mg.mL<sup>-1</sup>):** \_\_\_\_\_

(प्रशोधन विधी)

**Solvent used for Extraction:** \_\_\_\_\_ **Test Solvent:** \_\_\_\_\_

(उत्सवेदनका लागि प्रयोग गरिएको घोलक)

**Description of received sample:**

(नमुनाको विवरण)

i) Packed in: \_\_\_\_\_

(नमुना प्याकेट)

ii) Color: \_\_\_\_\_

(नमुनाको रंग)

iii) Physical state: \_\_\_\_\_

(भौतिक अवस्था)

**Tests to be done:**  Preliminary Antimicrobial Screening/ Antimicrobial Screening with MIC MBC determination

(गर्नुपर्ने परीक्षण) (✓ चिन्ह लगाउनुहोस, put ✓ mark in the desired test)

Sample provided by \_\_\_\_\_

- न्युनतम २ ग्राम सारतत्व नमुनाको दुईवटा सिलबन्दी बट्टा वा प्याकेट पेश गर्नुपर्ने छ। (kindly submit samples in 2 sealed packs of 2 gm each )

Sample received by \_\_\_\_\_

**For official use only,**

Sample Coding:

Date of received:

Sampling method:

Name of sample:

Date of sample submission:

Date of report delivery:

Sample received by:

**Please bring this card while receiving the report.**