**Efficacy Test Conditions**

**EPA Reg. No.: {*Insert*}**

**Product/File Name: {*Insert*}**

1. **Test Conditions for** *{Insert Claim (e.g. Disinfection, Tuberculocidal Disinfection)}*
	1. Test Method & Version Date: {*Insert (e.g. AOAC Use-Dilution Method(1990), AOAC Germicidal Spray Test (2009)}*
	2. Corresponding MRID Number : {Insert MRID number}
	3. Test Organisms: {*Complete Table}*

| **Test****Organism** | **Strain** | **Subculture Media** | **Neutralization/Recovery Media & Volume** |
| --- | --- | --- | --- |
| *e.g. S. aureus* | *ATCC 6538* | *Synthetic Broth* | *Primary: 20mL Letheen Broth + 0.1% thiosulfate**Secondary: 20mL Letheen Broth* |
|  |  |  |  |
|  |  |  |  |

* 1. Subculture Tubes: {*Insert (e.g. Primary only, Primary + Secondary*)}
	2. Contact Time: {*Insert (e.g. 1 min*)}
	3. Contact Temperature: {*Insert (e.g. 22+/-2C*)}
	4. Soil Load: {*Insert (e.g. 5% fetal bovine serum, no soil*)}
	5. Product Dilution: {*Insert (e.g. 1:64 (1mL product + 63mL diluent*)}
	6. Product Diluent: {*Insert (e.g. 400ppm AOAC Hard Water, deionized water*)}
	7. Application Instructions: {*Insert (e.g. Add carrier to 10mL diluted disinfectant, Spray carrier from a distance of 6”-8” for 5 seconds, Fold towel in half twice. Wipe each carrier with a new area of towel for 4 single passes (left to right back to left and right).* }
	8. Other:
1. **Test Conditions for** *{Repeat above until all claims are represented}*

When using the above for Voluntary Product Submission for ATP testing, please include the following:

Available Container Sizes: {*Insert (e.g. 12oz, 1 gallon*)}

Container size available for testing: {*Insert (e.g. 1 gallon*)}

Lot Number (if known): {*Insert lot code*}

Container labeling: Please Include a Copy of the Label

Registrant Approval Signature: Date:

Registrant Name and Title