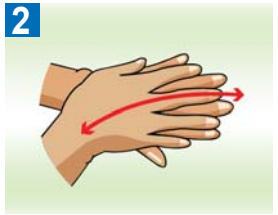
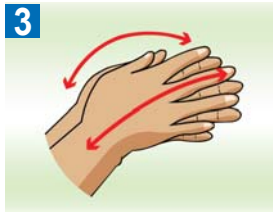
※ HƯỚNG DẪN SỬ DỤNG ※

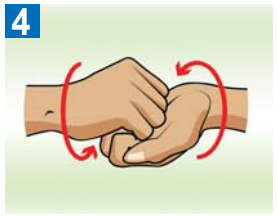
1 Cho bọt vào tay và chà hai lòng bàn tay vào nhau.



2 Chà lòng bàn tay này lên mu và kẽ ngoài các ngón tay của bàn tay kia và ngược lại.



3 Chà lòng bàn tay vào nhau, miết mạnh các kẽ trong ngón tay.



4 Chà mặt ngoài các ngón tay của bàn tay này vào lòng bàn tay kia.

5 Dùng bàn tay này xoay ngón cái của bàn tay kia và ngược lại.

6 Xoay các đầu ngón tay này vào lòng bàn tay kia và ngược lại.

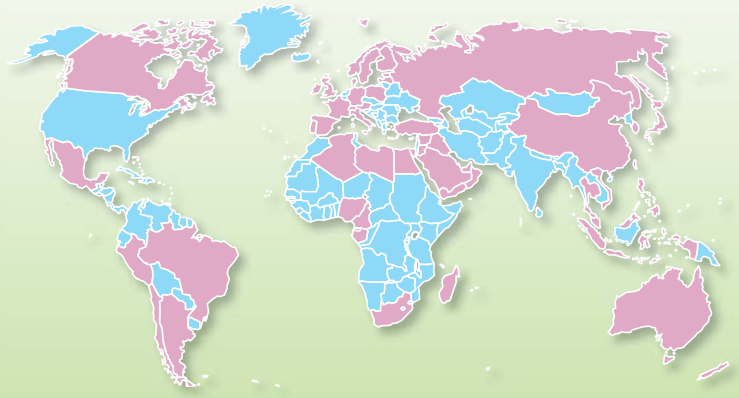
Tương lai *trong tay bạn*

WATER-BASED ALCOHOL FREE WATER-BASED

- Không cồn.
- Không nước.
- Đạt chuẩn sát khuẩn.
- Hiệu quả lâu dài.

Các nước phân phối sản phẩm:
Malaysia, Hàn Quốc, Hồng Kông, Thái Lan, Philippines...

Để biết thêm thông tin chi tiết, vui lòng liên hệ chúng tôi.



SUNSHINE MEDICAL SOLUTION

C4-C8 Bửu Long, Phường 15, Quận 10, TP.HCM
www.sunshine-ms.com info@sunshine-ms.com
(+84) 909 24 24 28 - (+84) 0907 24 24 28

SUNSHINE MEDICAL SOLUTION

SÁT KHUẨN TAY DẠNG BỌT

ENDURO KHÔNG CỒN

WATER-BASED ALCOHOL FREE WATER-BASED

endurocide INFECTION CONTROL

Thương hiệu: **Endurocide - Vương quốc Anh**
Sản xuất : **Singapore**

Thành phần:

Didecyl Dimonium Chloride (<1%), Aqua, PEG 6 Cocamide, Laurylamine Oxide, Cocamide DEA, Citric Acid.

Đặc điểm chung:

- Không cồn-không nước-không mùi.
- Giữ ẩm da tay vượt trội.
- Diệt sạch 99,9999% vi khuẩn chỉ trong vài giây.
- Diệt được vi khuẩn, nấm, bào tử, virus, đặc biệt là bào tử *C.dificile*.
- Đạt các tiêu chuẩn châu Âu về hiệu quả sát khuẩn: EN 1276, EN 13704, EN 1650, EN 14476.
- Đã được UK chứng minh da liễu an toàn cho da.
- Hiệu quả sát khuẩn kéo dài đến 4h.
- Thời gian phát huy tác dụng 60s đủ để thực hiện quy trình vệ sinh tay.
- Dạng bọt-lưu lượng sử dụng gấp 3 lần so với dạng gel cùng thể tích.
- Hạn chế thải hợp chất VOC (VOC là dung môi có nguồn gốc từ hydrocarbon có khả năng gây ô nhiễm môi trường).
- An toàn ở khu vực dễ cháy nổ.

***Sử dụng được cho cả người lớn và trẻ em.**

Đạt hiệu quả sát khuẩn theo tiêu chuẩn châu Âu

Vi khuẩn (Bacteria)		
Mầm bệnh (Pathogen)	Tiêu chuẩn	Thời gian kháng khuẩn
Escherichia coli	EN 1276.	45 sec.
Salmonella enteritidis	EN 1276.	1 min.
Staphylococcus aureus	EN 1276.	1 min.
Nấm (Fungi)		
Aspergillus niger	EN 1275.	15 min.
	EN 1650.	5 min.
Candida albicans	EN 1275.	15 min.
Bào tử (Spores)		
Clostridium difficile	EN 13704.	60 min.
Virus (Viruses)		
H1N1 Swine Flu	EN 14476†	1 min.

Kết quả khác
Chứng nhận da liễu-vượt qua 96 giờ thử nghiệm.
EN14561-đạt tiêu chuẩn diệt khuẩn quốc tế.
30 giây diệt sạch vi khuẩn.
2 giờ duy trì hiệu quả chống lại vi khuẩn, nấm, bào tử.
4 giờ duy trì hiệu quả chống lại vi khuẩn.

Thời điểm sử dụng

- Bệnh viện
- Phòng ăn
- Nhà vệ sinh
- Làm việc
- Đi du lịch
- Sau khi ăn
- Xe công cộng
- Di chuyển

BÌNH XỊT DẠNG BỌT

Mô tả	50ml	200ml	500ml
Mã	HS-50F	HS-200F	HS-500F
Quy cách	12 chai/hộp	12 chai/hộp	12 chai/hộp

MÁY TREO TƯỜNG

Mô tả	Máy treo tường túi 800ml	Túi thay 800ml	Máy treo tường túi 1 lít	Túi thay 1 lít
Mã	HS-MW-800P	HS-MW-800P-RF	HS-MW-1000R	HS-MW-1000R-RF
Quy cách	1 máy	12 túi/hộp	1 máy	12 túi/hộp

CÁC SẢN PHẨM KHÁC

Mô tả	Bình chứa 5 lít	Xô đựng 225 tờ	Cuộn 225 tờ
Mã	HS-RF-5L	ESW-225B	ESW-225RF
Quy cách	1 bình	1 xô	1 cuộn

SINGAPORE ACADEMY OF LAW

AUTHENTICATION CERTIFICATE

I hereby certify that –

Harry Sim Kwang Thiam is a duly appointed Notary Public practising in Singapore, and that the signature appearing at the foot of the annexed Notarial Certificate dated 16th April 2019, is the signature of the said Harry Sim Kwang Thiam.

This Certificate is not valid if the seal of the Singapore Academy of Law is removed or altered in any way whatsoever. This Certificate does not authenticate or confirm the content of the Document attached to the annexed Notarial Certificate.

SINGAPORE ACADEMY OF LAW
CERTIFICATION SEAL

Dated this 17th day of April 2019.

LOW HUI MIN
DIRECTOR
SINGAPORE ACADEMY OF LAW

1904231
Certified true signature
18 APR 2019
KHUI JOO YING

MINISTRY OF FOREIGN AFFAIRS SINGAPORE

1 Coleman Street, #08-06 The Adelphi, Singapore 179803
Tel: +65 6332 4388 | Fax: +65 6333 9747 | Website: http://www.sal.org.sg

ĐẠI SỨ QUÁN NƯỚC CỘNG HÒA XHCN VIỆT NAM TẠI CH XINH-GA-PO
Embassy of the S.R. of Vietnam in the Republic of Singapore

CHỨNG NHẬN / HỢP PHÁP HÓA LÃNH SỰ
CONSULAR AUTHENTICATION

1. Quốc gia / *Country* **Xinh-ga-po** / *Singapore*
Giấy tờ, tài liệu này / *This public document* ký
2. do Ông (Bà) / *has been signed by* **KHUI JOO YING**
3. với chức danh / *acting in the capacity of* **VIÊN CHỨC LÃNH SỰ**
4. và con dấu của / *bears the seal/stamp of* **BỘ NGOẠI GIAO XINH-GA-PO**
được chứng nhận / hợp pháp hóa lãnh sự / *Certified*
5. Tại / *at* **XINH-GA-PO** / ***Singapore***
6. ngày / *date* **22 April 2019**
7. Cơ quan cấp / *by* **ĐSQ nước CHXHCN Việt Nam tại CH Xinh-ga-po.** / ***Embassy of the S.R. of Vietnam in the Republic of Singapore***
8. Số / *N°* **250/04/2019**

Ký tên và đóng dấu
Signature and seal/stamp
Bí thư thứ Hai/Second Secretary

Vũ Thị Hường Trà

NOTARIAL CERTIFICATE

TO ALL TO WHOM THESE PRESENTS SHALL COME, I, **HARRY SIM KWANG THIAM**, a Notary Public, duly authorised admitted, residing and practising in the Republic of Singapore, do hereby CERTIFY that the annexed document, namely, **"CERTIFICATE OF QUALITY ASSURANCE"** is an original document, the same having been carefully examined on the date hereof.

IN TESTIMONY WHEREOF I have hereunto subscribed my name and affixed my Seal of Office at the Republic of Singapore aforesaid this 16th day of April 2019.

NOTARY PUBLIC
REPUBLIC OF SINGAPORE

NOTARY PUBLIC
Harry Sim Kwang Thiam
N2018/0593
1 Oct 2018 – 30 Sep 2019
SINGAPORE

ĐẠI SỨ QUÁN NƯỚC CỘNG HÒA XHCN VIỆT NAM TẠI CH XINH-GA-PO
Embassy of the S.R. of Vietnam in the Republic of Singapore

CHỨNG NHẬN / HỢP PHÁP HÓA LÃNH SỰ
CONSULAR AUTHENTICATION

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3. với chức danh / *acting in the capacity of*: **Công chứng viên**
4. và con dấu của / *bears the seal/stamp of*: **Sở Công chứng Xinh-ga-po**
được chứng nhận / hợp pháp hóa lãnh sự / *Certified*
5. Tại / *at*: **XINH-GA-PO** / ***Singapore***
6. ngày / *date*: **22 April 2019**
7. Cơ quan cấp / *by*: **ĐSQ nước CHXHCN Việt Nam tại CH Xinh-ga-po.** / ***Embassy of the S.R. of Vietnam in the Republic of Singapore***
8. Số / *N°*: **250/04/2019**

Ký tên và đóng dấu
Signature and seal/stamp
Bí thư thứ Hai/Second Secretary

Vũ Thị Hương Giang

ENDUROCIDE PTE LTD
15 Yishun Industrial Street 1
#03-15 WIN 5
Singapore 768091
Tel: 6848 1308 Fax: 6841 1917
Email: info@endurocide-asia.com
Co & GST Reg. No. 200618511E

Certificate of Quality Assurance

15th April 2019

Supplier: ENDUROCIDE PTE. LTD.
Address: 15 Yishun Industrial Street 1 #03-15 Singapore 768091

Whereas Endurocide Pte Ltd, supplier of manufactured hospital medical disposable products, hereby confirm that the following organisation is authorise and eligible to provide the following products of Endurocide Pte Ltd. The Products meet the safety requirements set out under UK and EU legislation, specifically: Biocide Products Regulation 528/2012 (EU BPR). The products are currently sold in Singapore and South East Asia Market.

Company: Anh Duong Sunshine Investment & Trading Co., Ltd.
Address: 02 Thi Sach St,Ben Nghe Ward, District 1, Ho Chi Minh City, Vietnam

Products: Refer to Annex A of this Certificate of Quality Assurance

Authorised signatory

ENDUROCIDE PTE LTD

Alfred Koh Hee Khiang
Director
Endurocide Pte. Ltd.

NOTARY PUBLIC
Harry Sim Kwang Thiam
N2018/0593
1 Oct 2018 - 30 Sep 2019
SINGAPORE

ĐẠI SỨ QUÁN NƯỚC CỘNG HÒA XHCN VIỆT NAM TẠI CH XINH-GA-PO
Embassy of the S.R. of Vietnam in the Republic of Singapore

CHỨNG NHẬN / HỢP PHÁP HÓA LÃNH SỰ
CONSULAR AUTHENTICATION

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được chứng nhận / hợp pháp hóa lãnh sự / *Certified*

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Co & GST Reg. No. 200618511E

ANNEX A to Certificate of Quality Assurance

Endurocide Antimicrobial & Sporicidal Disposable Curtains			
	Type	Code	Quantity/Box
Standard Curtain	Full Width	SC-FW-E-COLOUR	6
	Medium Width	SC-MW-E-COLOUR	8
	Half Width	SC-HW-E-COLOUR	12
Mesh Top Curtain	Full Width	SMTC-FW-E-COLOUR	5
	Medium Width	SMTC-MW-E-COLOUR	7
	Half Width	SMTC-HW-E-COLOUR	10

Endurocide Untreated Disposable Curtains			
	Type	Code	Quantity/Box
Standard Curtain	Full Width	UTC-FW-E-COLOUR	6
	Medium Width	UTC-MW-E-COLOUR	8
	Half Width	UTC-HW-E-COLOUR	12
Mesh Top Curtain	Full Width	UMTC-FW-E-COLOUR	5
	Medium Width	UMTC-MW-E-COLOUR	7
	Half Width	UMTC-HW-E-COLOUR	10

Enduro Hand Disinfectant			
	Type	Code	Quantity/Box
Foamer	12 x 30ml	HD-12-30F	12
	36 x 30ml	HD-36-30F	36
	12 x 50ml	HD-12-50F	12
	36 x 50ml	HD-36-50F	36
	12 x 200ml	HD-12-200F	12
	12 x 500ml	HD-12-500F	12
	6 x 1000ml	HD-6-1000F	6
Automatic Dispenser	Bottle Fill	AUTW-1000P	1

Enduro Hand Sanitiser			
	Type	Code	Quantity/Box
Foamer	12 x 30ml	HS-12-30F	12
	36 x 30ml	HS-36-30F	36
	12 x 50ml	HS-12-50F	12
	36 x 50ml	HS-36-50F	36
	12 x 200ml	HS-12-200F	12
	12 x 500ml	HS-12-500F	12
	6 x 1000ml	HS-6-1000F	6
Automatic Dispenser	Bottle Fill	AUTW-1000P	1

ENDUROCIDE PTE LTD
15 Yishun Industrial Street 1
#03-15 WIN 5
Singapore 768091
Tel: 6848 1308 Fax: 6841 1917
Email: info@endurocide-asia.com
Co & GST Reg. No. 200618511E

ANNEX A to Certificate of Quality Assurance

Wipes			
	Type	Code	Quantity/Box
Enduro Sanitising Wipes	225 pieces tub	ES-W-225	1
Enduro Hygiene Wipes	225 pieces tub	HY-W-225	1
Rapid 6 Wipes	200 wipes tub	R6-W-200	6
	225 pieces tub	R6-W-225	1
QFD Detergent Wipes	200 wipes tub	QFD-W-200	6
	225 pieces tub	QFD-W-225	1

Surface Disinfection			
	Type	Code	Quantity/Box
AntiBak Tablets	Tub of 100 Tablets	AB-T-100	1
	Tub of100 Tablets + Trigger Spray	AB-T-KIT	1
Rapid 6 Spray	12 x 500ml	R6-TS-500	12
QFD	12 x 500ml	QFD-TS-500	12

BỘ Y TẾ
VIỆN PASTEUR TP. HCM

VIỆN PASTEUR THÀNH PHỐ HỒ CHÍ MINH
KHOA XÉT NGHIỆM Y - SINH HỌC LÂM SÀNG & DỊCH VỤ KHOA HỌC KỸ THUẬT

167 Pasteur, Phường 8, Quận 3, Tp Hồ Chí Minh, Việt Nam
Tel : (84.28) 38.297.308 – 38.230.352 – Fax : (84.28) 38.231.419

VILAS 209

PHIẾU KẾT QUẢ KIỂM NGHIỆM

Mã số: **130220-8302**

KẾT QUẢ

VI SINH VẬT THỬ NGHIỆM	NỒNG ĐỘ VI SINH VẬT THỬ NGHIỆM (CFU/ml)	SAU KHI TIẾP XÚC 01 PHÚT	
		VSV CÒN SỐNG (CFU/ml)	TỶ LỆ DIỆT KHUẨN (%)
Salmonella typhi	$1,5x10^6$	<1 (không phát hiện)	99,99
Staphylococcus aureus	$1,4x10^6$	90	99,99
Escherichia coli	$3,5x10^6$	<1 (không phát hiện)	99,99
Pseudomonas aeruginosa	$2,9x10^6$	280	99,99
Candida albicans	$1,4x10^6$	<1 (không phát hiện)	99,99

GHI CHÚ:

1. Kết quả thử nghiệm này chỉ có giá trị trên mẫu thử mang mã số **130220-8302** do khách hàng gửi đến.
2. Kết quả này không phải là giấy chứng nhận sản phẩm nên không sử dụng cho mục đích quảng cáo.
3. Các chỉ tiêu thử nghiệm được thực hiện trên mô hình phòng thí nghiệm.

TP.Hồ Chí Minh, ngày 25 tháng 02 năm 2020

LAB. VI SINH THỰC PHẨM

ThS. Nguyễn Chí Nguyệt

TUQ.VIỆN TRƯỞNG
TRƯỞNG KHOA

BỘ Y TẾ VIỆN PASTEUR TP. HỒ CHÍ MINH

PGS.TS. Cao Hữu Nghĩa

1. Dấu (*) là chỉ tiêu được VILAS công nhận.
2. Các kết quả thử nghiệm ghi trong phiếu này chỉ có giá trị đối với mẫu do khách hàng gửi đến.
3. Không được trích sao một phần phiếu kết quả thử nghiệm này nếu không có sự đồng ý bằng văn bản của Viện Pasteur TP. HCM.
4. Tên mẫu, tên khách hàng được ghi theo yêu cầu của nơi gửi mẫu.

ALCOHOL FREE

Endur+ HAND SANITISER

TEST RESULTS

International Approvals

Pathogen	International Approval	Pass	Minimum Log Reduction	Kill Rate	Contact Test Time
Viruses					
Swine Flu H1N1	EN 14476*	✓	≥ 3.50	**≥ 99.95%**	1 minute
Bacteria					
Escherichia coli	EN 1276	✓	5.54	**99.999%**	45 seconds
	EN 1276	✓	> 6.32	**> 99.9999%**	1 minute
Salmonella enteritidis	EN 1276	✓	4.35	**99.99%**	1 minute
	EN 1276	✓	> 6.20	**> 99.9999%**	2 minutes
Salmonella typhimurium	EN 1276	✓	3.47	**99.97%**	45 seconds
Methicillin resistant *Staphylococcus aureus* (MRSA)	EN 1276	✓	4.60	**99.99%**	45 seconds
Staphylococcus aureus	EN 1276	✓	5.36	**99.999%**	1 minute
Clostridium difficile (vegetative)	EN 1276	✓	3.40	**99.96%**	5 minutes
	EN 1276	✓	> 5.50	**> 99.999%**	15 minutes
Fungi					
Aspergillus niger	EN 1650	✓	2.94	**99.89%**	1 minute
	EN 1650	✓	5.37	**99.999%**	5 minutes
	EN 1275	✓	> 6.85	**> 99.9999%**	15 minutes
Candida albicans	EN 1275	✓	> 6.88	**> 99.9999%**	15 minutes
Spores					
Clostridium difficile	EN 13704	✓	> 3.0†	**> 99.9%**	60 minutes
Further Results					
Residual	Proven to provide 99.9% protection 2 hours after application				
Kills MRSA in 30 seconds	Proven to kill > 99% on MRSA in 30 seconds				
Dermatologically tested	Passed 96 hour skin patch test				

* Screen tested

† EN 13704 test for spores is based on an 80% solution only

Viruses

Pathogen	International Approval	Pass	Minimum Log Reduction	Kill Rate	Contact Test Time
Swine Flu H1N1	EN 14476*	✓	≥ 3.50	**≥ 99.95%**	1 minute

* Screen tested

MIKROLAB

Labor für angewandte Mikrobiologie GmbH

MikroLab GmbH, Norderoog 2, D-28259 Bremen

Tel: +49 (421) 27819102
Fax: +49 (421) 2760283
E-mail: MikroLab.GmbH@t-online.de
http://www.mikrolab-gmbh.de
Ust-IDNr.:DE208891444

Bio Technics Ltd
Linton Business Park
Gourdon
Aberdeenshire
Scotland UK
DD10 0NH

Ihre Zeichen, Ihre Nachrichten vom | Unsere Zeichen, unsere Nachricht vom | Bremen ,den 11.08.2009

Dear Ladies and Gentlemen,

We hereby confirm that Mikrolab GmbH screened three products of Bio Technics Ltd against influenza A virus sw/Greven/IDT2889/2004 **H1N1** in a quantitative suspension tests following the EN 14476 under PBS and clean conditions, respectively.

Best regards,

Dr. Jochen Steinmann

Table 2: Examination with influenzavirus A H1N1 (RF) (1932)
project number: B09ML842

product	conc.	soil	cytotoxicity	virus titer control	RF	
		load	($log_{10}CD_{50}$/mL)	($log_{10}TCID_{50}$/mL)	1 min	2 min
Enduro Hand sanitiser B/N-181	80.0%	PBS	3.50	7.00	≥3.50	≥3.50

Bacteria

Pathogen	International Approval	Pass	Minimum Log Reduction	Kill Rate	Contact Test Time
Escherichia coli	EN 1276	✓	5.54	**99.999%**	45 seconds
	EN 1276	✓	> 6.32	**> 99.9999%**	1 minute
Salmonella enteritidis	EN 1276	✓	4.35	**99.99%**	1 minute
	EN 1276	✓	> 6.20	**> 99.9999%**	2 minutes
Salmonella typhimurium	EN 1276	✓	3.47	**99.97%**	45 seconds
Methicillin resistant *Staphylococcus aureus* (MRSA)	EN 1276	✓	4.60	**99.99%**	45 seconds
Staphylococcus aureus	EN 1276	✓	5.36	**99.999%**	1 minute
Clostridium difficile (vegetative)	EN 1276	✓	3.40	**99.96%**	5 minutes
	EN 1276	✓	> 5.50	**> 99.999%**	15 minutes

Scientific Services

Willow Farm,
Stewton,
Louth,
Lincolnshire,
LN11 8SD
Mob: 07770 872461
Tel/Messages: 01507 328552
Fax: 01507 328376

Consultant Microbiologists
Animal feed Chemists

K103305-6

27th October 2009

LABORATORY REPORT

SOURCE: Biotechnics Ltd.

ITEMS: Enduro Hand Sanitiser, Batch E-204

TESTS: Disinfectant Test.

METHOD:
Bacteria - BS EN 1276:1997
Concentration: Neat
Temperature: 20 C
Contact Time: 45 seconds
Interfering substance: Bovine Albumin 0.3g/l
Recovery: Dilution neutralisation
Incubation media: Tryptone Soya Agar

RESULTS: See attached table

K.M. Self, M.B.I.C.Sc.,M.R.S.P.H.,A.M.S.B.

Recoveries of viable organisms/ml

Organism	Control	Fluid EHS (45 seconds)
Methicillin resistant staphylococcus aureus NCTC 12493	1.2x10 E7	3.0x10 E2
Escherichia coli ATCC 10536	2.1x10 E7	6.0x10 E1
Salmonella typhimurium NCTC 5710	2.6x10 E7	8.8x10 E3

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Consultant Microbiologists
Animal feed Chemists

K99292-4

3rd March 2008

LABORATORY REPORT

SOURCE: Biotechnics Ltd.

ITEMS: Enduro Hand Sanitiser Liquid

TESTS: Disinfectant Test.

METHOD: Bacteria - BS EN 1276:1997
Concentration: Neat
Temperature: 20 C
Contact Time: 1 min, 2 min
Interfering substance: Bovine Albumin 0.3g/l
Recovery: Dilution neutralisation
Incubation media: Tryptone Soya Agar

RESULTS: See attached table

K.M. Self, M.B.I.C.Sc.,M.R.S.H.

Recoveries of viable organisms/ml

Organism	Control	1min	2min
Staphylococcus aureus ATCC 6538	1.8x10 E7	8.0x10 E1	< 10
Escherichia coli ATCC 10536	2.1x10 E7	< 10	< 10
Salmonella enteritidis NCTC 4444	1.6x10 E7	7.1x10 E2	< 10

Scientific Services

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2 1 MAR 2007

K95902

19th March 2007

LABORATORY REPORT

SOURCE: Biotechnics Ltd.

ITEMS: Enduro Hand Sanitiser

TESTS: Disinfectant Test.

METHOD: Bacteria - BS EN 1276:1997
Concentration: Neat (80 % in test)
Temperature: 20 C
Contact Time: 5, 15,30 min
Interfering substance: Bovine Albumin 0.3g/l
Recovery: Dilution neutralisation
Incubation media: Clostridial agar

RESULTS: See attached table

K.M. Self, M.B.I.C.Sc.,M.R.S.H.

Proprietor: K.M. Self, M.R.S.H.,M.B.I.C.Sc., Member of The Society for General Microbiology,
Associate of the Institute of Biology.
This Laboratory participates in The National Agricultural Check Sample Service
Approved by DEFRA under the ABPR 2005

Recoveries of viable organisms/ml

Organism/Time	Control	Enduro Hand Sanitiser
Clostridium difficile NCTC 11209 (vegetative)	3.1x10 E6	
5 min		1.1x10 E3
15 min		< 10
30 min		< 10

Fungi

Pathogen	International Approval	Pass	Minimum Log Reduction	Kill Rate	Contact Test Time
Fungi					
Aspergillus niger	EN 1650	✓	2.94	**99.89%**	1 minute
	EN 1650	✓	5.37	**99.999%**	5 minutes
	EN 1275	✓	> 6.85	**> 99.9999%**	15 minutes
Candida albicans	EN 1275	✓	> 6.88	**> 99.9999%**	15 minutes

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14 MAR 2008

Consultant Microbiologists
Animal feed Chemists

K99314-5

12th March 2008

LABORATORY REPORT

SOURCE: Biotechnics Ltd.

ITEMS: Enduro Hand Sanitiser Liquid

TESTS: Disinfectant Test.

METHOD: Fungi - BS EN 1650:1997
Concentration: Neat
Temperature: 20 C
Contact Time: 5 min, 10 min, 15 min
Interfering substance: Bovine Albumin 0.3g/l
Recovery: Dilution neutralisation
Incubation media: Sabouraud Dextrose Agar

RESULTS: See attached table

K.M. Self, M.B.I.C.Sc.,M.R.S.H.

Recoveries of viable organisms/ml

Enduro Hand Sanitiser	Control	1min	5 min	15 min
Aspergillus niger ATCC 16404				
Neat	7.1x10 E6	8.1x10 E3	3.0x10 E1	< 10

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Consultant Microbiologists
Animal feed Chemists

K104861-2

28th June 2010

LABORATORY REPORT

SOURCE: Biotechnics Ltd.

ITEMS: Enduro Hand Sanitiser

TESTS: Disinfectant Test.

METHOD: Fungi - BS EN 1275
Concentration: Neat
Temperature: 20 C
Contact Time: 15 min
Interfering substance: None
Recovery: Dilution neutralisation
Incubation media: Sabouraud Dextrose Agar

RESULTS: See attached table

K.M. Self, M.B.I.C.Sc.,M.R.S.H.

Recoveries of viable organisms/ml

Organism	Control	15 min
Candida albicans ATCC 10231	7.6x10 E6	< 10
Aspergillus niger ATCC 16404	7.0x10 E6	< 10

Spores

Pathogen	International Approval	Pass	Minimum Log Reduction	Kill Rate	Contact Test Time
Clostridium difficile	EN 13704	✓	> 3.0†	**> 99.9%**	60 minutes

† EN 13704 test for spores is based on an 80% solution only

Test Report EN 13704.*Clostridium difficile*. Chemical disinfectants — Quantitative suspension test for the evaluation of sporicidal activity of chemical disinfectants used in food, industrial, domestic and institutional areas — (phase 2, step 1)

Test Laboratory	**BluScientific Test Data** School of Life Sciences Glasgow Caledonian University GLASGOW G4 0BA
Identification of sample	
Name of the product	**Enduro HAND SANITISER**
Manufacturer	**BIOTECHNICS** **Upper Mill, Inverbervie, Aberdeenshire** **UK - DD10 0SP.**
Date of Delivery	24TH.OCTOBER.07
Storage conditions	Room temperature and darkness
Product diluent	Hard Water
Active substances	Not known.
Test Method and its validation	
Method	Filtration-neutralization Neutralizer: Lecithin 3g/l, Polysorbate 80 30g/l, sodium thiosulphate 5g/l, L-histidine 1g/l, phosphate buffer 0.0025mol/l, sterilized by autoclave.
Experimental Conditions	
Period of analysis	6TH - 14th JANUARY 2008
Product diluent used	Sterile synthetic hard water
Product test concentrations	20.0% V/V; 50.0% V/V; 80.0% V/V
Appearance product dilutions	Clear.
Contact time	t = 60 min ± 10 s
Test temperature	20 °C ± 1 °C
Interfering substance	0.3 g/l bovine albumin
Stability of mixture	No precipitation
Temperature of incubation	37 °C ± 1 °C
Identification of strains	*Clostridium difficile* NCTC 11209.

Conclusion.
According to EN 13704, the Enduro Hand sanitiser possesses sporicidal activity for the referenced strain *Clostridium difficile* NCTC 11209. at the concentration 80.0% V/V as tested.

Signed

Dr Chris Woodall, Director, BluScientific Test Data, 31ST JANUARY 2008.

School of Life Sciences, Glasgow Caledonian University, Glasgow G4 0BA, Scotland, UK
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E: info@bluscientific.com W: www.bluscientific.com

GLASGOW CALEDONIAN UNIVERSITY

BluScientific Test Data[2]

EN13704: ENDURO HAND SANITISER, BIOTECHNICS.

Test organisms	Validation test				Spore test Suspension (5.4.1.4)	Test procedure at concentration % (V/V) (see 5.5.2)			
	Spore Suspension (see A.2)	Experimental conditions [see A.4.1a) and A.4.2a)]	Neutralizer toxicity control [see A.4.1b)] or filtration control [see A.4.2b)]	Dilution-neutralization control [see A.4.1c)] or filtration test control [see A.4.2c)]			20.0	50.0	80.0
Clostridium difficile	*Vc*:164; 119	Vc:98; 198	Vc:179; 154	Vc:201; 187	10^{-4}: 167; 200	Vc	>300; >300	>300; 234	10; 3
					10^{-5}: 13; 28	Na	>3.0 x 10^3	>3.0 x 10^3	<1.5 x 10^2
NCTC 11209.	*Nv*:1.4 x 10^3	A: 1.5 x 10^2	B: 1.7 x 10^2	C: 1.9 x 10^2	N:1.9 x 10^6	R	<10^3	<10^3	>10^3

Vc = viable count

N = number of cfu/ml of the spore test suspension (**5.4.1.4**)

Nv = number of cfu/ml in the spore suspension (**A.2**)

R = reduction in viability

Na = number of cfu/ml in the test mixture (see **5.5.2.2.3** or **5.5.2.3.3**)

A = number of cfu/ml of the experimental conditions validation [A.4.1a) or A.4.2a)]

B = number of cfu/ml of the neutralizer toxicity validation [A.4.1.b)] or of the filtration validation [A.4.2.b)]

C = the number of cfu/ml of the dilution-neutralization validation [A.4.1c)] or the membrane filtration test validation [a.4.2c)]

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BluScientific Test Data is based in the School of Life Sciences at Glasgow Caledonian University.

GLASGOW CALEDONIAN UNIVERSITY

Further results

Description	
Residual	Proven to provide 99.9% protection 2 hours after application
Kills MRSA in 30 seconds	Proven to kill > 99% of MRSA in 30 seconds
Dermatologically tested	Passed 96 hour skin patch test

Scientific Services

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Consultant Microbiologists
Animal feed Chemists

K99383-5

20th March 2008

LABORATORY REPORT

2 MAR 2008

SOURCE: Biotechnics Limited.

ITEMS: Enduro Hand Sanitiser.

TESTS: Reduction of bacteria on a ceramic tile, previously treated with Enduro Hand Sanitiser.

METHOD: Three 150mm x 150mm ceramic tiles were treated with Enduro Hand Sanitiser, by passing a wipe saturated with the fluid over the surface eight times. These were allowed to dry and were then stored at 20 C for 1hr and 2hrs. After this time 0.5ml of bacterial suspension was added to the tile and surviving organisms were recovered from a 100mm x 100mm portion of the tile 5 minutes after bacterial inoculation.

RESULTS:

Recoveries of viable organisms

Organsim	c.f.u./tile section		
	Control	1hour	2hours
Escherichia coli ATCC 10536	7.1x10 E6	5.9x10 E3	7.0x10 E3

K.M. Self, M.B.I.C.Sc.,M.R.S.H.

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Consultant Microbiologists
Animal feed Chemists

K101083-4

9th January 2009

LABORATORY REPORT

SOURCE: Biotechnics Ltd.

ITEMS: Enduro Hand Sanitiser

TESTS: Disinfectant Test.

METHOD: Bacteria - BS EN 1276:1997
Concentration: Neat
Temperature: 20 C
Contact Time: 30 secs
Interfering substance: Bovine Albumin 0.3g/l
Recovery: Dilution neutralisation
Incubation media: Tryptone Soya Agar

RESULTS: See attached table

K.M. Self, M.B.I.C.Sc.,M.R.S.H.

Recoveries of viable organisms/ml

Sample/Time	Control	MRSA/ml (NCTC 12493)
Enduro Hand Sanitiser 30 secs	2.8x10 E7	1.1x10 E5

A SHARED 96 HOUR (4-APPLICATION) PATCH TEST IN HEALTHY VOLUNTEERS TO INVESTIGATE THE COMPARATIVE SKIN IRRITATION POTENTIAL OF ONE TEST ARTICLE AND TWO CONTROLS FOLLOWING CUTANEOUS PATCH APPLICATION.

EURODERM

Prepared for:

Bio Technics Ltd
Linton Business Park,
Gourdon,
Aberdeenshire, DD10 0NH
Scotland, UK

Prepared by:

Euroderm Ltd
Harbour House
23 Chandlers Quay
Maldon
Essex CM9 4LF
United Kingdom

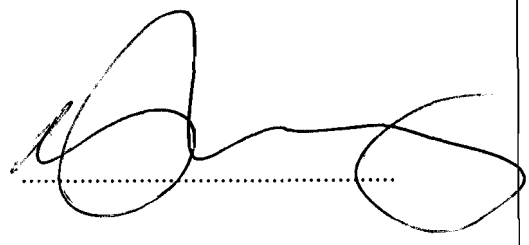
Final Report: 18th June 2009

A SHARED 96 HOUR (4-APPLICATION) PATCH TEST IN HEALTHY VOLUNTEERS TO INVESTIGATE THE COMPARATIVE SKIN IRRITATION POTENTIAL OF ONE TEST ARTICLE AND TWO CONTROLS FOLLOWING CUTANEOUS PATCH APPLICATION.

EURODERM LTD REPORT NO: HILMIX1

I declare that the following report constitutes a true and faithful account of the procedures adopted and the results obtained in the performance of this study. The aspects of the study conducted by Euroderm Ltd were performed, where relevant, in accordance with the principles of Good Clinical Research Practice.

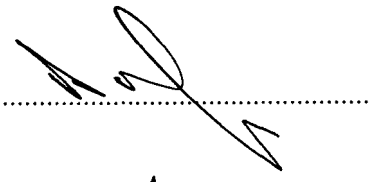
Becky Gosling
(Project Manager)



Date 18th June 2009

I have reviewed this report and concur with its contents.

Tony Barlow
(Principal Investigator)



Date 18th Jun 2009.

CONTENTS

EURODERM

SUMMARY

1. This was a single-blind within subject comparison study conducted in thirty volunteers of either sex to evaluate the comparative skin irritation potential of one test article and two controls following cutaneous patch application.

2. Patches consisted of 5 cm wide strips of occlusive Blenderm® (3M Co) tape to which Webril® (Kendall Corporation) disks, approximately 2 cm square, were fixed along the midline.

3. Had reinforcement of patch adhesion become necessary, strips of porous Scanpore® (Norgesplaster A/S, Norway) tape would have been applied.

4. Patches were applied for four, 23 hour periods with assessments 1 hour after the removal of each patch.

5. Individual scores, mean scores and standard deviations for each study day are presented in this report for the thirty subjects who completed the study.

6. It can be concluded that the controls were in place and the Test Article elicited no erythema. Therefore the Test Article can be considered safe for use under the conditions of the study, and the claim of 'Dermatologically tested' is substantiated.

EURODERM

KEY STUDY PERSONNEL AND RESPONSIBILITIES

Key personnel	General responsibilities
Principal Investigator (PI) Tony Barlow Euroderm Ltd Harbour House 23 Chandlers Quay Maldon Essex CM9 4LF United Kingdom Tel: 01621 859230 Fax: 01621 851537	The Principal Investigator (PI) was responsible for ensuring sufficient resources were available to conduct the study according to Good Clinical Practice (GCP).
Project Manager (PM) Becky Gosling Euroderm Ltd Harbour House 23 Chandlers Quay Maldon Essex CM9 4LF United Kingdom Tel: 01621 859230 Fax: 01621 851537	The Project Manager (PM) was involved with the study design, compiling the results and writing the clinical report.
Project Supervisor (PS) Andrew King Euroderm Ltd Plymouth Court Business Park 164A Plymouth Grove Manchester M13 0AF United Kingdom Tel: 0161 2736114 **Fax: 0161 2728090**	The Project Supervisor (PS) was responsible for the conduct of the study on a daily basis.
Responsible Technicians Andrew King Andrew King Colin Drewitt Colin Drewitt Andrew King	Test Article formulation and accountability. Grading of patch sites. Dosing of patch strips. Application of patch strips. Booking on of subjects.
Project Co-ordinator (PC) David Hill Bio Technics Ltd Linton Business Park, Gourdon, Aberdeenshire, DD10 0NH Scotland, UK	The Project Co-ordinator (PC) was the primary point of contact on behalf of the Sponsor of this project and represented the Sponsor (Bio Technics Ltd) of this study.

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STUDY FLOW CHART

DAY	1	2	3	4	5
Visual Assessment		√	√	√	√
Apply/re-apply Patch Strips	√	√	√	√	
Remove Patch Strips		√	√	√	√

INTRODUCTION AND OBJECTIVE

The objective of this study was to determine the human skin irritation potential of one test article and two controls in healthy subjects following cutaneous patch applications.

MATERIALS AND METHODS

1 STUDY DESIGN

The study was conducted single blind.

A total of 30 subjects received four 23 hour occlusive patch applications.

2 SELECTION OF SUBJECTS

2.1 Screening

Thirty subjects were recruited into the study. Subjects had to satisfy the following inclusion and exclusion criteria, had to be prepared to accept the prohibitions and restrictions and had to have given written informed consent (Appendices 1 and 2).

The suitability of each potential subject was confirmed before his or her acceptance by review of a study specific pre-treatment questionnaire (Appendix 3).

2.2 Inclusion criteria

2.2.1 Volunteers of either sex aged at least 18 years old.

2.2.2 Completed written informed consent.

2.3 Exclusion criteria

2.3.1 Pregnancy or lactation.

2.3.2 Inadequate precaution or procedure to prevent pregnancy (women of child bearing potential only).

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2.3.3 Heavy alcohol consumption in the opinion of the investigator.

2.3.4 A fever in the 12 hours prior to the first patch application.

2.3.5 Significant past medical history of hepatic, renal, cardiac, pulmonary, digestive, haematological, neurological, locomotor or psychiatric disease, which in the opinion of the Investigator would compromise the safety of the subject.

2.3.6 History of malignant disease.

2.3.7 Insulin dependent and non-insulin dependent diabetes.

2.3.8 Concurrent medication likely to affect the response to the test article or confuse the results of the study, i.e. routine high dosage use of anti-inflammatory drugs (aspirin, ibuprofen, corticosteroids).

2.3.9 Known sensitivity to the treatment solutions or their constituents including patch materials.

2.3.10 Sensitisation or questionable sensitisation in a Repeat Insult Patch Test.

2.3.11 Use of self tanning lotion on the test area in the week prior to the start of the study.

2.4 Prohibitions and restrictions for the duration of the study

2.4.1 No use of aspirin or non-steroidal anti-inflammatory drugs for the duration of the study.

2.4.2 No swimming during the study.

2.4.3 No deliberate exposure of the test sites to natural sunlight or to other sources of UV light during the study.

2.4.4 No immunisations during the study.

2.4.5 No use of self-tanning lotion on the test area during the study.

3 METHOD

3.1 Test Article

To the best of the Sponsor's knowledge, the test article did not contain antibiotics, antiseptics, steroids, hormones, or known sensitising agents or any other substances at levels of concentration requiring label declaration by the relevant regulatory authorities and was formulated and tested to comply with applicable EU regulations. The test article supplied conformed with the 7th Amendment to the EU Cosmetics Directive. Based on the information available, Euroderm Ltd considered the test article to be safe for use in man.

The following test article was supplied by the Sponsor labelled as follows:

1. Enduro Hand Sanitiser

In addition, Euroderm supplied the Negative and Positive Controls for the study, labelled as follows:

2. Negative Control (Deionised water)
3. Positive Control (0.3% w/v SLS)

The test article was used as supplied by the Sponsor.

The Sponsor provided ingredient listings for their test article (see Appendix 4).

It was the responsibility of the Sponsor to determine, for the test article, the identity, strength, purity, composition and other characteristics that appropriately defined the test article, before its use in the study. The determination of its stability and documentation of methods of synthesis or derivation was also the Sponsor's responsibility.

It was the responsibility of the Sponsor that the test article met all necessary transport regulations, particularly those regulations involving the carriage of hazardous goods and the import/export of goods, and that any costs including tax/duty were fully met by the Sponsor prior to the receipt of test article at Euroderm Ltd. No liability with regard to safe receipt or costs involved in the carriage of goods to any Euroderm Ltd site was accepted.

After the use of the test article, a reserve sample was stored by Euroderm Ltd under appropriate conditions in the Sample Archives at Plymouth Court Business Park, 164A Plymouth Grove, Manchester, M13 0AF, United Kingdom and will be held for a minimum period of six months.

After an archive sample had been taken, any remaining test article was disposed of 28 days after completion of the study.

3.2 Test patches

The test article and the controls were applied to Webril® (Kendall Corporation) disks, approximately 2 cm square, fixed along the midline of occlusive Blenderm® (3M Co.) tape.

A patch strip was applied to the upper arm, avoiding any moles/abrasions/tattoos. The test article was applied to the Webril® disks according to a dose regime (see Section 3.3). The skin was marked with dots of crystal violet applied on either side of the top disk and below the bottom disk of the strip to enable exact location of subsequent patches. Each subject was asked to avoid the dye marks during washing and to keep the patches dry.

If reinforcement of patch adhesion became necessary, then strips of porous Scanpore® (Norgesplaster A/S, Norway) tape were applied.

3.3 Dose-regime

Subjects received patches containing the test article and two controls which were applied as 0.2 ml/0.2 g samples in one of five randomly assigned orders. The sample order for each subject was documented and maintained throughout the study in the form of a colour-coded identification card.

Subjects were instructed to keep the patches dry and in place for 23 hours then to remove and discard them and to return to the test centre one hour later. Patches were applied on Days 1, 2, 3 and 4. Patches were applied to the same site on each day unless a reaction stronger than a mild erythema (i.e. greater than a score of 1.5 (Appendix 5)) was present in which case the patch strip was cut and the relevant patch (es) not re-applied. Assessment of patch sites was immediately before application of the next patch on Days 2, 3, 4 and on Day 5. After removal of the patches the test sites were wiped with a damp tissue to remove any remaining product.

3.4 Assessment of patch sites

Andrew King assessed the patch sites for the duration of the study according to the scoring scale in Appendix 5. Illumination of the patch sites was by a 60 watt pearl bulb, approximately 30 cm from the site.

4 ADVERSE EVENTS

An adverse event would have been anything untoward that happened to a subject during the study, whether or not it was related to the administration of the test article.

An adverse reaction to test article would have been an adverse event occurring after the administration of the article that was, or may have been, causally related to the test article.

Every adverse event would have been recorded and then classified as Serious or Non-Serious.

4.1 Classification

An adverse event would be NON-SERIOUS (sub-classified as Mild, Moderate or Severe) unless it fell into one or more of the following categories when it would be classified as SERIOUS.

The event:

- resulted in death.
- was life threatening.
- required in-patient hospitalisation or prolongation of existing hospitalisation.
- resulted in persistent or significant disability /incapacity.
- was a congenital anomaly/birth defect.

Maximum intensity of NON-SERIOUS adverse events would be assigned to one of the following categories:

Mild:	For example, an adverse event which was easily tolerated by the subject, causing minimal discomfort and not interfering with everyday activities.
Moderate:	For example, an adverse event which was sufficiently discomforting to interfere with normal everyday activities.
Severe:	For example, an adverse event which prevented normal everyday activities.

4.2 Reporting of adverse events

In the event of a SERIOUS adverse event, the type, onset, severity, duration and outcome would have been recorded on a Serious Adverse Event Form and the Sponsor would have been notified within one working day, with a written report following within three working days. The significance of the event would have been discussed between the Principal Investigator and the Sponsor, with the Principal Investigator reserving the right to withhold further administration pending further information and discussion. The subject's General Practitioner would have also been informed as soon as it was reasonably practicable to do so.

All adverse events would have been listed in the results section of this report.

4.3 Withdrawals

The participation of a subject in this study may have been discontinued for any of the following reasons:

- the subject wished to withdraw.
- if, in the opinion of the Principal Investigator/Project Manager, it was in the best interests of the subject.
- suspected adverse effects from the test article.
- inter-current illness.
- violation of the prohibitions and restrictions (see Section 2.4).
- development of an exclusion criterion.

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Subjects were free to withdraw at any time and need not have given a reason, but every reasonable attempt would have been made to ascertain such reasons. The data for any subjects who were withdrawn from the study would have been included in this report but may have been excluded from final data analysis.

Subjects would not have been followed up after their withdrawal from the study, except in the case of a Serious Adverse Event. Withdrawn subjects would not have been replaced.

5 STUDY ETHICS

5.1 Amendments to protocol

Proposed changes or additions to the authorised protocol would have been subject to approval by the Principal Investigator and the Sponsor before implementation, except and insofar as Euroderm Ltd reserved the right to make unilateral departure from the protocol to eliminate an apparent immediate hazard to subject health.

5.2 Declaration of Helsinki

The study conformed to the requirements of the 1964 Declaration of Helsinki and its subsequent amendments (Appendix 6).

5.3 Subject consent

Subjects were informed of the nature, purpose and known risk of the study both orally and in writing and gave their written informed consent before participating in the study (Appendices 1 and 2). Subjects were advised that they were free to withdraw from the study at any time without being obliged to give a reason. They were compensated for their time and inconvenience.

5.4 Indemnity provision

The Sponsor was responsible, without regard to legal liability, and indemnified Euroderm Ltd, or any of their respective officers or employees in the event of claims for compensation from subjects suffering injury or other deterioration in health or well-being as a result of participation in this study, except and insofar as such claims arose as a result of any negligent act or omission on the part of Euroderm Ltd employees or any persons undertaking or involved in the study by arrangement with Euroderm Ltd.

6 QUALITY ASSURANCE

The study was carried out in the spirit of the ICH Guidelines on Good Clinical Practice (1996) and other recognised guidelines. The draft report has been peer-reviewed for accuracy and completeness of presentation. Additionally, the study may also have been subject to the following Quality Assurance procedures:

- Review of protocol and protocol amendments for completeness, clarity and adequacy.
- Inspection and/or audit of critical phases of study conduct for compliance with protocol and Euroderm Ltd procedures.

The Euroderm Ltd Quality Assurance Manager would have informed Euroderm Ltd management of any findings that may have affected the integrity of the study.

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7 RETENTION OF DATA

All raw data generated by Euroderm Ltd during the course of the study, and including protocol and final report, will be retained in the Euroderm Ltd Archive for a minimum period of fifteen years from study completion. In the event of original data being transferred to the Sponsor at their request, exact copies will be so retained. At no time will archived data be destroyed without prior written approval of the Sponsor. All study data will be available at any time, by appointment, for inspection by the Sponsor or their authorised representative.
The Euroderm Ltd Archive is located at Arkheion Ltd., Kimbolton, Cambs, England.

8 REFERENCES

1. International Conference on Harmonisation of Technical Requirements for the Registration of Pharmaceuticals for Human Use. Note for Guidance on Good Clinical Practice, Consolidated Guideline. Step 4, Consolidated Guideline, 1/5/96. CPMP/ICH/135/95.

EURODERM

RESULTS

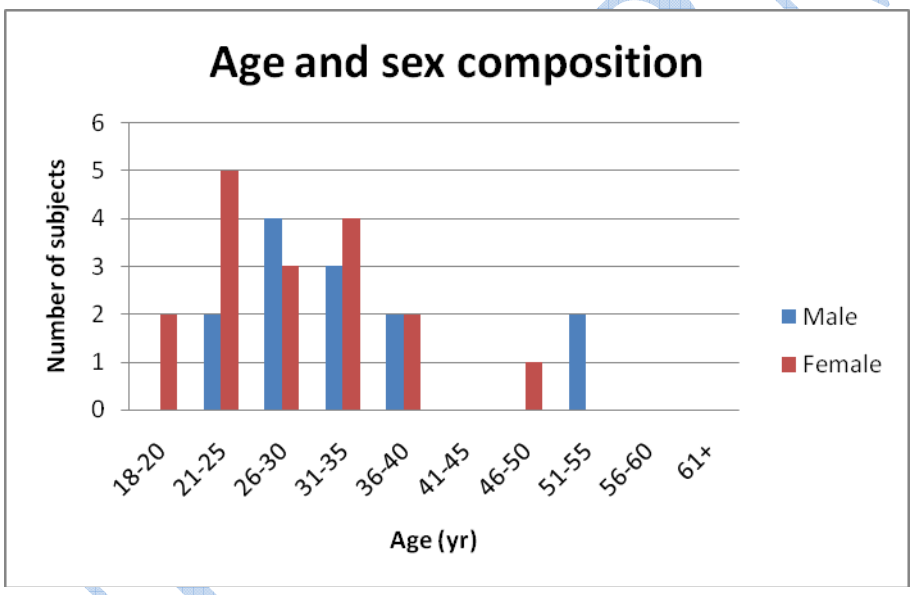
1 LOCATION AND DATES OF THE STUDY

The study was performed at Euroderm Ltd, Harbour House, 23 Chandlers Quay, Maldon, Essex CM9 4LF, United Kingdom between 20th April 2009 and 24th April 2009.

2 SUBJECTS

30 subjects of both sexes were recruited into the study and completed the study. The age and sex composition of these subjects is presented in Figure 1.

FIGURE 1: AGE AND SEX COMPOSITION OF THE SUBJECTS COMPLETING THE STUDY



3 ADVERSE EVENTS, ADVERSE REACTIONS AND SUBJECTS NOT COMPLETING THE STUDY

No adverse events or reactions were reported.

All subjects completed the study.

4 ASSESSMENTS

Mean assessment scores and their standard deviations are presented in Table 1. Individual reactions to the Test Article and controls are presented in Appendices 7 to 9.

The controls were in place and the Test Article elicited no erythema. Therefore, the Test Article can be considered safe for use under the conditions of the study.

TABLE 1 - MEAN RESPONSES ELICITED BY FOUR APPLICATIONS OF THE TEST ARTICLE AND CONTROLS (STANDARD DEVIATIONS IN PARENTHESES)

Test Article	Day 2	Day 3	Day 4	Day 5
1 – Enduro Hand Sanitiser	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)
2 – Negative Control (Deionised water)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)
3 – Positive Control (0.3% w/v SLS)	0.12 (0.22)	0.38 (0.47)	0.68 (0.65)	0.82 (0.72)

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CONCLUSIONS

It can be concluded that the Test Article can be considered safe for use under the conditions of the study, and the claim of 'Dermatologically tested' is substantiated.

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APPENDIX 1: SUBJECT CONSENT FORM

Subject Number

EURODERM LTD
Plymouth Court Business Park
164A Plymouth Grove
Manchester M13 0AF
United Kingdom

SUBJECT CONSENT for HILMIX1 (A SHARED 96-HOUR PATCH TEST)

Name of Subject:……..

The nature of the trial and procedures required of the volunteers, together with possible hazards, have been described to me by the members of Euroderm Ltd staff named below and I have had an opportunity to discuss these matters. Additionally I have been given a copy of the Subject Information Sheet for this trial.

I understand that the study will be conducted in compliance with the Standard Operating Procedures of Euroderm Ltd which are available to me at my request and that I may withdraw from the study at any time without having to give a reason.

I understand that every effort has been made and will continue to be made by the Sponsors of this study and by Euroderm Ltd medical personnel to ensure that the health status of the volunteers will not be adversely affected by their participation in this study. I understand that in the unlikely event of significant deterioration in health being caused by my participation in the study I will be given reasonable and appropriate medical treatment and may be compensated financially.

I also understand that all information given by me and all observations made on my health will be maintained in strictest confidence and in accordance with normal medical practice. This means the Sponsor of this study or an authorised representative of the Sponsor and/or representatives of regulatory authorities may request access to this information for checking purposes relevant to the study. Any such information will not identify me by name and this checking will be performed under the supervision of Euroderm Ltd.

I agree to comply with the prohibitions and restrictions on the Subject Information Sheet and confirm that the information given on my questionnaires is true. I hereby consent to take part in the study and to carry out the procedures required of me. I also consent to my General Practitioner being informed of my participation and of any findings considered to require medical attention.

I consent to Euroderm Ltd processing sensitive personal information that may be held by them or given by myself at the time of enrolment onto the above named study. This information will be treated as confidential to Euroderm Ltd and will not be divulged to any third party unless required by Regulatory agencies. In all cases any information given will not identify me by name. This consent satisfies the requirement of the Data Protection Act 1998.

Signed: ..... Date:.....

I have explained the nature of the study to the above-named volunteer who has received a copy of the Subject Information Sheet.

Signed: ..... Date:.....

APPENDIX 2: SUBJECT INFORMATION SHEET – HILMIX1

Please read this sheet carefully. It is a written explanation of the way in which the study will be performed. You will also be given an oral explanation of the study from members of Euroderm staff and an opportunity to ask questions. If any further questions occur to you, please either ring the office or ask at the test centre. The aim of the study is to assess any irritation caused by one test product and two control products.

Visit 1 (Monday)	Strips of small pads of cotton wetted with the products will be placed onto your upper arm with adhesive tape. We will ask you to keep this patch in place for 23 hours and then to remove it and throw it away. You should return to the test centre one hour after patch removal.
Visits 2, 3 and 4	Your arm will be looked at to see if any redness has occurred and a fresh patch will be applied. Again, we will ask you to keep this patch in place for 23 hours and then to remove it and throw it away and return to the test centre one hour after patch removal.
Visit 5 (Friday)	Your arm will be looked at to see if any redness has occurred.

Possible unwanted effects

You may notice a moderate redness and irritation at the patch site, which will fade quickly. Temporary lightening or darkening of the skin in the pad areas may occur but the skin colour will gradually return to normal within several weeks.

In the very unlikely event that you are 'hypersensitive' to the products you might experience some shortness of breath, flushing and possibly dizziness. If this does happen you should remove the patch and contact Euroderm Ltd for advice. Should the shortness of breath become severe and you feel unwell contact your own doctor without delay. We would advise you of any products you should avoid.

If you have had psoriasis or eczema in the past, but are now free of these conditions there is a slight chance of recurrence in the area where the patches are applied.

Prohibitions and restrictions

Do not take aspirin or other non-steroidal anti-inflammatory drugs during the trial as these can have an effect on your irritant reaction.

If you require a pain killer for headaches etc., please take **only paracetamol.**

Do not use a sunbed or sunlamp during the trial and keep your arm out of natural sunlight during the trial as you could burn through the tape.

Do not have an immunisation, such as for travel, during the trial.

Let us know of any medication or change in your health during the trial as soon as possible as this could have an effect on your skin reaction.

Do not use any self-tanning solution.

Patches **must** be kept dry when in place on your arm.

Do not go swimming during the study.

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APPENDIX 2 (continued)

SUMMARY INFORMATION SHEET – HILMIX1

TEST ARTICLES:	One consumer product and two controls.
REGISTRATION STATUS:	Not applicable - Consumer Product.
TITLE/PURPOSE OF TRIAL:	To assess any irritation caused by the consumer product.
BRIEF DESCRIPTION OF PROCEDURE:	See over.
ATTENDANCE:	Five visits (Each visit for approximately 15 minutes).
NUMBER OF PERSONS PARTICIPATING:	Approximately 30.
POSSIBLE RISKS/ DISCOMFORTS:	Irritation or allergic reaction to the test products or ingredients. Skin darkening/lightening on the patch sites which will disappear shortly after the test is over. In the very unlikely event that you are, 'hypersensitive', to the test products you might experience some shortness of breath, flushing and possibly dizziness.
PAYMENT DETAILS:	£20 for completion of the study (If subject is dropped due to a reaction, that, in the opinion of Euroderm Ltd is related to the product, then £20 paid). Payments will only be made at the end of the study.

THE PROJECT SUPERVISOR IN CHARGE OF THIS STUDY **ANDREW KING** MAY BE CONTACTED DURING NORMAL WORKING HOURS ON **0161 2736114** (ANSWERPHONE OUT OF OFFICE HOURS).

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APPENDIX 3: PRE-TREATMENT QUESTIONNAIRE

FOR OFFICE USE ONLY			
Subject's Initials			
MALE / FEMALE			

STRICTLY CONFIDENTIAL

In order for us to judge that you are healthy to take part in the patch test and that any medication you take is not likely to interfere with your test responses, we need information on your health. We may need to contact you again for further details but please answer all the questions as fully as possible.

STUDY No: HILMIX1

1. Do you have any skin problems at present on your arms e.g. acne, pigment changes, psoriasis, eczema, skin cancer? ..... **YES NO**
   If 'YES' please give details of condition and/or treatment, eg ointment/cream.

   _____

2. Are you regularly taking any medicines, drugs (including street drugs) or oral contraceptives at present? ..... **YES NO**
   If 'YES' please give details eg name, how often taken.

   _____

3. Have you ever had any operations? ..... **YES NO**
   If 'YES', please state when and for what.

   _____

4. Have you ever had hepatic, renal, cardiac, pulmonary, digestive, haematological, neurological, locomotor, immune deficiency or psychiatric disease? ..... **YES NO**
   If 'YES', please give details.

   _____

5. Have you consulted your doctor within the last 6 months? ..... **YES NO**
   If 'YES', please state when and for what.

   _____

6. Have you ever been examined for suspected cancer? ..... **YES NO**
   If 'YES', please state when and for what. Was this confirmed as malignant?

   _____

7. Have you ever had a reaction to drugs or medicine? ..... **YES NO**
   If 'YES', which drug and explain reaction and duration.

   _____

8. Do you suffer from insulin-dependent or non insulin-dependent diabetes? ..... **YES NO**

9. Do you suffer from epilepsy? ..... **YES NO**

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APPENDIX 3 (continued)

10. How many units of alcohol do you consume **on average** in a week? _____
(A unit is ½ pint of beer or 1 glass of wine or 1 'short')

What is your maximum daily consumption? ____/units **OR** do you only drink on special occasions?

11. FOR **FEMALES ONLY**, MALES GO TO QUESTION 12.

a. Are you pregnant or breast feeding at present? ..... **YES** **NO**

b. Is it possible that you will become pregnant? ..... **YES** **NO**

c. **If NO** – Contraceptive Pill Name: ……..…… Condoms

Sterilised Abstinence Vasectomy (partner) Post Menopausal Other* - please specify) .....

12. Have you ever had any skin problems related to the use of any of the following types of material?

Material	**YES**	**NO**	**When? - Which products? – What happens?**
Hand sanitizer			
Fabrics e.g. Cotton/elastoplast			
Other-please specify			

13. a) Date of birth: _____ b) Age: _____

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Questionnaire checked by: _____ Date: _____ Medication checked by:_____ Date: _____

TO BE COMPLETED WHEN BOOKING VOLUNTEER ONTO STUDY

Has the volunteer had a fever in the last 12 hours? _____ **YES** **NO**

Has the volunteer used self tanning lotion on the arms in the last week ? **YES** **NO**

Has the volunteer taken any new medication in the last 7 days ? **YES** **NO**

Comments: _____

Subject can/cannot proceed with patch test. Reason for exclusion: _____

Subject accepted onto study by: _____ Date: _____

Subject No: ☐

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APPENDIX 4: TEST ARTICLE INGREDIENT LISTINGS

ENDURO HAND SANITISER

AQUA
PEG-3 COCAMIDE
COCAMINE OXIDE
COCAMIDE DEA
DIDECYLDIMONIUM CHLORIDE
PROPAN-2-OL
CITRIC ACID

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APPENDIX 5: IRRITANCY GRADING SCALE AND KEY TO SYMBOLS USED

0.0	No apparent cutaneous involvement.
0.5	Faint, barely perceptible erythema or slight dryness (glazed appearance).
1.0	Faint but definite erythema, no eruptions or broken skin or No erythema but definite dryness; may have epidermal fissuring.
1.5	Well-defined erythema or faint erythema with definite dryness, may have epidermal fissuring.
2.0	Moderate erythema, may have a very few papules or Deep fissures, moderate-to-severe erythema in the cracks.
2.5	Moderate erythema with barely perceptible oedema or severe erythema not involving a significant portion of the patch (halo effect around the edges), may have a few papules or moderate-to-severe erythema.
3.0	Severe erythema (beet redness), may have generalised papules or moderate-to-severe erythema with slight oedema (edges well defined by raising).
3.5	Moderate-to-severe erythema with moderate oedema (confined to patch area) or moderate-to-severe erythema with isolated eschar formations or vesicles.
4.0	Generalised vesicles or eschar formations or moderate-to-severe erythema and/or oedema extending beyond the area of the patch.
A	Tape reaction.
P	Papules.
E	Oedema
S	Reaction spread.
X	If a score greater than 1.5 is recorded, site is not repatched and score recorded is residual score (not included in total scores).
-	Subject did not attend (Scores for subjects not completing the study are not included in total scores).

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APPENDIX 6: DECLARATION OF HELSINKI

WORLD MEDICAL ASSOCIATION DECLARATION OF HELSINKI
Ethical Principles for Medical Research Involving Human Subjects

Adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964, and amended by the:
29th WMA General Assembly, Tokyo, Japan, October 1975
35th WMA General Assembly, Venice, Italy, October 1983
41st WMA General Assembly, Hong Kong, September 1989
48th WMA General Assembly, Somerset West, Republic of South Africa, October 1996
52nd WMA General Assembly, Edinburgh, Scotland, October 2000
53th WMA General Assembly, Washington 2002 (Note of Clarification on paragraph 29 added)
55th WMA General Assembly, Tokyo 2004 (Note of Clarification on Paragraph 30 added)
59th WMA General Assembly, Seoul, October 2008

A. INTRODUCTION

1. The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data.

The Declaration is intended to be read as a whole and each of its constituent paragraphs should not be applied without consideration of all other relevant paragraphs.

2. Although the Declaration is addressed primarily to physicians, the WMA encourages other participants in medical research involving human subjects to adopt these principles.

3. It is the duty of the physician to promote and safeguard the health of patients, including those who are involved in medical research. The physician's knowledge and conscience are dedicated to the fulfilment of this duty.

4. The Declaration of Geneva of the WMA binds the physician with the words, "The health of my patient will be my first consideration," and the International Code of Medical Ethics declares that, "A physician shall act in the patient's best interest when providing medical care."

5. Medical progress is based on research that ultimately must include studies involving human subjects. Populations that are underrepresented in medical research should be provided appropriate access to participation in research.

6. In medical research involving human subjects, the well-being of the individual research subject must take precedence over all other interests.

7. The primary purpose of medical research involving human subjects is to understand the causes, development and effects of diseases and improve preventive, diagnostic and therapeutic interventions (methods, procedures and treatments). Even the best current interventions must be evaluated continually through research for their safety, effectiveness, efficiency, accessibility and quality.

8. In medical practice and in medical research, most interventions involve risks and burdens.

9. Medical research is subject to ethical standards that promote respect for all human subjects and protect their health and rights. Some research populations are particularly vulnerable and need special protection. These include those who cannot give or refuse consent for themselves and those who may be vulnerable to coercion or undue influence.

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APPENDIX 6 - Continued

10. Physicians should consider the ethical, legal and regulatory norms and standards for research involving human subjects in their own countries as well as applicable international norms and standards. No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research subjects set forth in this Declaration.

B. BASIC PRINCIPLES FOR ALL MEDICAL RESEARCH

11. It is the duty of physicians who participate in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects.

12. Medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature, other relevant sources of information, and adequate laboratory and, as appropriate, animal experimentation. The welfare of animals used for research must be respected.

13. Appropriate caution must be exercised in the conduct of medical research that may harm the environment.

14. The design and performance of each research study involving human subjects must be clearly described in a research protocol. The protocol should contain a statement of the ethical considerations involved and should indicate how the principles in this Declaration have been addressed. The protocol should include information regarding funding, sponsors, institutional affiliations, other potential conflicts of interest, incentives for subjects and provisions for treating and/or compensating subjects who are harmed as a consequence of participation in the research study. The protocol should describe arrangements for post-study access by study subjects to interventions identified as beneficial in the study or access to other appropriate care or benefits.

15. The research protocol must be submitted for consideration, comment, guidance and approval to a research ethics committee before the study begins. This committee must be independent of the researcher, the sponsor and any other undue influence. It must take into consideration the laws and regulations of the country or countries in which the research is to be performed as well as applicable international norms and standards but these must not be allowed to reduce or eliminate any of the protections for research subjects set forth in this Declaration. The committee must have the right to monitor ongoing studies. The researcher must provide monitoring information to the committee, especially information about any serious adverse events. No change to the protocol may be made without consideration and approval by the committee.

16. Medical research involving human subjects must be conducted only by individuals with the appropriate scientific training and qualifications. Research on patients or healthy volunteers requires the supervision of a competent and appropriately qualified physician or other health care professional. The responsibility for the protection of research subjects must always rest with the physician or other health care professional and never the research subjects, even though they have given consent.

17. Medical research involving a disadvantaged or vulnerable population or community is only justified if the research is responsive to the health needs and priorities of this population or community and if there is a reasonable likelihood that this population or community stands to benefit from the results of the research.

18. Every medical research study involving human subjects must be preceded by careful assessment of predictable risks and burdens to the individuals and communities involved in the research in comparison with foreseeable benefits to them and to other individuals or communities affected by the condition under investigation.

APPENDIX 6 - Continued

19. Every clinical trial must be registered in a publicly accessible database before recruitment of the first subject.

20. Physicians may not participate in a research study involving human subjects unless they are confident that the risks involved have been adequately assessed and can be satisfactorily managed. Physicians must immediately stop a study when the risks are found to outweigh the potential benefits or when there is conclusive proof of positive and beneficial results.

21. Medical research involving human subjects may only be conducted if the importance of the objective outweighs the inherent risks and burdens to the research subjects.

22. Participation by competent individuals as subjects in medical research must be voluntary. Although it may be appropriate to consult family members or community leaders, no competent individual may be enrolled in a research study unless he or she freely agrees.

23. Every precaution must be taken to protect the privacy of research subjects and the confidentiality of their personal information and to minimize the impact of the study on their physical, mental and social integrity.

24. In medical research involving competent human subjects, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, and any other relevant aspects of the study. The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information. After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject's freely-given informed consent, preferably in writing. If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed.

25. For medical research using identifiable human material or data, physicians must normally seek consent for the collection, analysis, storage and/or reuse. There may be situations where consent would be impossible or impractical to obtain for such research or would pose a threat to the validity of the research. In such situations the research may be done only after consideration and approval of a research ethics committee.

26. When seeking informed consent for participation in a research study the physician should be particularly cautious if the potential subject is in a dependent relationship with the physician or may consent under duress. In such situations the informed consent should be sought by an appropriately qualified individual who is completely independent of this relationship.

27. For a potential research subject who is incompetent, the physician must seek informed consent from the legally authorized representative. These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the population represented by the potential subject, the research cannot instead be performed with competent persons, and the research entails only minimal risk and minimal burden.

28. When a potential research subject who is deemed incompetent is able to give assent to decisions about participation in research, the physician must seek that assent in addition to the consent of the legally authorized representative. The potential subject's dissent should be respected.

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APPENDIX 6 - Continued

29. Research involving subjects who are physically or mentally incapable of giving consent, for example, unconscious patients, may be done only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research population. In such circumstances the physician should seek informed consent from the legally authorized representative. If no such representative is available and if the research cannot be delayed, the study may proceed without informed consent provided that the specific reasons for involving subjects with a condition that renders them unable to give informed consent have been stated in the research protocol and the study has been approved by a research ethics committee. Consent to remain in the research should be obtained as soon as possible from the subject or a legally authorized representative.

30. Authors, editors and publishers all have ethical obligations with regard to the publication of the results of research. Authors have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness and accuracy of their reports. They should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results should be published or otherwise made publicly available. Sources of funding, institutional affiliations and conflicts of interest should be declared in the publication. Reports of research not in accordance with the principles of this Declaration should not be accepted for publication.

C. ADDITIONAL PRINCIPLES FOR MEDICAL RESEARCH COMBINED WITH MEDICAL CARE

31. The physician may combine medical research with medical care only to the extent that the research is justified by its potential preventive, diagnostic or therapeutic value and if the physician has good reason to believe that participation in the research study will not adversely affect the health of the patients who serve as research subjects.

32. The benefits, risks, burdens and effectiveness of a new intervention must be tested against those of the best current proven intervention, except in the following circumstances:

- The use of placebo, or no treatment, is acceptable in studies where no current proven intervention exists; or
- Where for compelling and scientifically sound methodological reasons the use of placebo is necessary to determine the efficacy or safety of an intervention and the patients who receive placebo or no treatment will not be subject to any risk of serious or irreversible harm. Extreme care must be taken to avoid abuse of this option.

33. At the conclusion of the study, patients entered into the study are entitled to be informed about the outcome of the study and to share any benefits that result from it, for example, access to interventions identified as beneficial in the study or to other appropriate care or benefits.

34. The physician must fully inform the patient which aspects of the care are related to the research. The refusal of a patient to participate in a study or the patient's decision to withdraw from the study must never interfere with the patient-physician relationship.

35. In the treatment of a patient, where proven interventions do not exist or have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorized representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering. Where possible, this intervention should be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information should be recorded and, where appropriate, made publicly available.

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APPENDIX 7: INDIVIDUAL RESPONSES TO TEST ARTICLE 1 – ENDURO HAND SANITISER

Subject No	Code	Day 2	Day 3	Day 4	Day 5	Comments
1	1	0.0	0.0	0.0	0.0	
2	1	0.0	0.0	0.0	0.0	
3	1	0.0	0.0	0.0	0.0	
4	1	0.0	0.0	0.0	0.0	
5	1	0.0	0.0	0.0	0.0	A On Day 4 &5
6	1	0.0	0.0	0.0	0.0	
7	1	0.0	0.0	0.0	0.0	A On Day 4 &5
8	1	0.0	0.0	0.0	0.0	A On Day 4 &5
9	1	0.0	0.0	0.0	0.0	
10	1	0.0	0.0	0.0	0.0	A On Day 3,4 &5
11	1	0.0	0.0	0.0	0.0	
12	1	0.0	0.0	0.0	0.0	
13	1	0.0	0.0	0.0	0.0	
14	1	0.0	0.0	0.0	0.0	
15	1	0.0	0.0	0.0	0.0	
16	1	0.0	0.0	0.0	0.0	
17	1	0.0	0.0	0.0	0.0	A On Day 4 &5
18	1	0.0	0.0	0.0	0.0	
19	1	0.0	0.0	0.0	0.0	A On Day 4 &5
20	1	0.0	0.0	0.0	0.0	
21	1	0.0	0.0	0.0	0.0	
22	1	0.0	0.0	0.0	0.0	
23	1	0.0	0.0	0.0	0.0	
24	1	0.0	0.0	0.0	0.0	
25	1	0.0	0.0	0.0	0.0	A On Day 4 &5
26	1	0.0	0.0	0.0	0.0	
27	1	0.0	0.0	0.0	0.0	
28	1	0.0	0.0	0.0	0.0	
29	1	0.0	0.0	0.0	0.0	
30	1	0.0	0.0	0.0	0.0	A On Day 4 &5
Mean		**0.00**	**0.00**	**0.00**	**0.00**	
Std Dev		**0.00**	**0.00**	**0.00**	**0.00**	

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APPENDIX 8: INDIVIDUAL RESPONSES TO TEST ARTICLE 2 – NEGATIVE CONTROL (DEIONISED WATER)

Subject No	Code	Day 2	Day 3	Day 4	Day 5	Comments
1	2	0.0	0.0	0.0	0.0	
2	2	0.0	0.0	0.0	0.0	
3	2	0.0	0.0	0.0	0.0	
4	2	0.0	0.0	0.0	0.0	
5	2	0.0	0.0	0.0	0.0	A On Day 4 &5
6	2	0.0	0.0	0.0	0.0	
7	2	0.0	0.0	0.0	0.0	A On Day 4 &5
8	2	0.0	0.0	0.0	0.0	A On Day 4 &5
9	2	0.0	0.0	0.0	0.0	
10	2	0.0	0.0	0.0	0.0	A On Day 3,4 &5
11	2	0.0	0.0	0.0	0.0	
12	2	0.0	0.0	0.0	0.0	
13	2	0.0	0.0	0.0	0.0	
14	2	0.0	0.0	0.0	0.0	
15	2	0.0	0.0	0.0	0.0	
16	2	0.0	0.0	0.0	0.0	
17	2	0.0	0.0	0.0	0.0	A On Day 4 &5
18	2	0.0	0.0	0.0	0.0	
19	2	0.0	0.0	0.0	0.0	A On Day 4 &5
20	2	0.0	0.0	0.0	0.0	
21	2	0.0	0.0	0.0	0.0	
22	2	0.0	0.0	0.0	0.0	
23	2	0.0	0.0	0.0	0.0	
24	2	0.0	0.0	0.0	0.0	
25	2	0.0	0.0	0.0	0.0	A On Day 4 &5
26	2	0.0	0.0	0.0	0.0	
27	2	0.0	0.0	0.0	0.0	
28	2	0.0	0.0	0.0	0.0	
29	2	0.0	0.0	0.0	0.0	
30	2	0.0	0.0	0.0	0.0	A On Day 4 &5
Mean		**0.00**	**0.00**	**0.00**	**0.00**	
Std Dev		**0.00**	**0.00**	**0.00**	**0.00**	

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APPENDIX 9: INDIVIDUAL RESPONSES TO TEST ARTICLE 3 – POSITIVE CONTROL (0.3% W/V SLS)

Subject No	Code	Day 2	Day 3	Day 4	Day 5	Comments
1	3	0.0	0.0	0.0	0.0	
2	3	0.5	0.5	1.0	1.0	
3	3	0.0	0.0	0.5	1.0	
4	3	0.0	0.0	0.0	0.0	
5	3	0.5	1.0	1.5	2.0	A On Day 4 &5
6	3	0.0	0.0	0.0	0.0	
7	3	0.0	0.5	1.0	1.5	A On Day 4 &5
8	3	0.0	0.0	0.5	1.0	A On Day 4 &5
9	3	0.0	0.5	0.5	0.5	
10	3	0.5	1.0	2.0	2.0	X On Day 5, A On Day 3,4 &5
11	3	0.0	0.5	1.0	1.0	
12	3	0.0	0.0	0.0	0.0	
13	3	0.0	0.0	0.5	0.5	
14	3	0.0	0.0	0.0	0.0	
15	3	0.5	1.0	1.0	1.5	
16	3	0.0	0.5	1.0	1.5	
17	3	0.0	0.5	1.0	1.0	A On Day 4 &5
18	3	0.0	0.0	0.0	0.0	
19	3	0.0	0.5	1.0	2.0	A On Day 4 &5
20	3	0.0	0.0	0.0	0.0	
21	3	0.5	1.0	1.5	1.5	
22	3	0.0	0.5	0.5	1.0	
23	3	0.0	0.0	0.5	0.5	
24	3	0.0	0.0	0.0	0.0	
25	3	0.5	1.5	2.0	1.5	X On Day 5, A On Day 4 &5
26	3	0.0	0.0	0.0	0.0	
27	3	0.0	0.5	1.0	1.0	
28	3	0.5	1.5	2.0	2.0	X On Day 5
29	3	0.0	0.0	0.0	0.0	
30	3	0.0	0.0	0.5	0.5	A On Day 4 &5
Mean		**0.12**	**0.38**	**0.68**	**0.82**	
Std Dev		**0.22**	**0.47**	**0.65**	**0.72**	

EURODERM

IMPORTANT:

The information contained in this Approvals Book may be confidential and privileged. As such, the contents of this Approvals Book must not be disclosed, distributed or copied without express permission from Bio Technics Ltd.

If you believe you have received this Approvals Book in error, please notify the sender immediately.

All contents, test approvals and results remain the property of Bio Technics Ltd.

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ISO 9001 ISO 14001

REGIONAL WINNER SCOTLAND & NORTHERN IRELAND
HSBC BUSINESS THINKING 2010

REV31-10-2012

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Animal feed Chemists

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Fax: 01507 328376

K116428-9

23rd March 2017

LABORATORY REPORT

SOURCE: Biotechnics Ltd

ITEMS: Enduro Hand Sanitiser

TESTS: Residual Activity Test

METHOD:

Previously cleaned ceramic tiles were treated with product, 0.1ml aliquots were applied to areas of 25mmx25mm and allowed to dry at 25-30˚C (ca.30minutes). Following this the treated tiles were stored for 4 hours at ambient temperature and humidity. After storage 0.05ml of a suspension of the test organism (containing 0.3g/l Bovine albumin) was applied to the treated area. This was then covered with a sterile glass slide 25mmx25mm to ensure even distribution of the inoculum. After 5 minutes contact surviving organisms were recovered by swabbing, and counted using standard techniques.

Recoveries of viable organisms/area

Organism	Control Count Untreated surface	Treated Surface	Log Reduction (cf control mean)
Escherichia coli ATCC 10536	9.5x10 E6	1.0x10 E4	2.98

KMSelf

K.M.Self, M.B.I.C.Sc.,M.R.S.P.H,.A.M.S.B.

By Royal Charter

Certificate of Registration

QUALITY MANAGEMENT SYSTEM - ISO 9001:2015

This is to certify that:

Oil Technics Holdings Ltd
Linton Business Park
Gourdon
DD10 0NH
United Kingdom

Holds Certificate Number: FM 696382

and operates a Quality Management System which complies with the requirements of ISO 9001:2015 for the following scope:

Please see scope page.

For and on behalf of BSI:

Andrew Launn, EMEA Systems Certification Director

Original Registration Date: 2018-07-20
Latest Revision Date: 2018-07-20

Effective Date: 2018-07-20
Expiry Date: 2021-02-23

...making excellence a habit.™

This certificate was issued electronically and remains the property of BSI and is bound by the conditions of contract.
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Printed copies can be validated at www.bsigroup.com/ClientDirectory

Information and Contact: BSI, Kitemark Court, Davy Avenue, Knowlhill, Milton Keynes MK5 8PP. Tel: + 44 345 080 9000
BSI Assurance UK Limited, registered in England under number 7805321 at 389 Chiswick High Road, London W4 4AL, UK.
A Member of the BSI Group of Companies.

Certificate No: FM 696382

Registered Scope:

The design, development and production of:
Oil emulsion treatment chemicals
Surfactant-based cleaning chemicals
Biologically-based cleaning chemicals
Biocidal products to include hospital infection control products
Foam concentrate

The storage and distribution of:
Fire fighting foam concentrates
Oil and chemical absorbents

The laboratory testing of:
Fire fighting foam concentrates and produced foams.

Original Registration Date: 2018-07-20
Effective Date: 2018-07-20
Latest Revision Date: 2018-07-20
Expiry Date: 2021-02-23

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Certificate No: FM 696382

Location	Registered Activities
Oil Technics Holdings Ltd Linton Business Park Gourdon DD10 0NH United Kingdom	The design, development and production of: Oil emulsion treatment chemicals Surfactant-based cleaning chemicals Biologically-based cleaning chemicals Biocidal products to include hospital infection control products Foam concentrate The storage and distribution of: Fire fighting foam concentrates Oil and chemical absorbents The laboratory testing of: Fire fighting foam concentrates and produced foams.
Oil Technics Ltd Linton Business Park Gourdon DD10 0NH United Kingdom	The design, development and production of: Oil emulsion treatment chemicals Surfactant-based cleaning chemicals Biologically-based cleaning chemicals Biocidal products to include hospital infection control products Foam concentrate The storage and distribution of: Fire fighting foam concentrates Oil and chemical absorbents The laboratory testing of: Fire fighting foam concentrates and produced foams.
Oil Technics (Fire Fighting Products)Ltd Linton Business Park Gourdon DD10 0NH United Kingdom	The design, development and production of: Oil emulsion treatment chemicals Surfactant-based cleaning chemicals Biologically-based cleaning chemicals Biocidal products to include hospital infection control products Foam concentrate The storage and distribution of: Fire fighting foam concentrates Oil and chemical absorbents The laboratory testing of: Fire fighting foam concentrates and produced foams.

Original Registration Date: 2018-07-20 Effective Date: 2018-07-20

Latest Revision Date: 2018-07-20 Expiry Date: 2021-02-23

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BỘ Y TẾ
VIỆN PASTEUR TP. HCM

VIỆN PASTEUR THÀNH PHỐ HỒ CHÍ MINH
KHOA XÉT NGHIỆM Y - SINH HỌC LÂM SÀNG
& DỊCH VỤ KHOA HỌC KỸ THUẬT

167 Pasteur, Phường 8, Quận 3, Tp Hồ Chí Minh, Việt Nam
Tel : (84.28) 38.297.308 – 38.230.352 – Fax : (84.28) 38.231.419

VILAS 209

PHIẾU KẾT QUẢ KIỂM NGHIỆM

Mã số: **130220-8302**

Tên khách hàng	: **CÔNG TY TNHH VẬT TƯ Y TẾ TÂN HOÀNG MINH**
Địa chỉ	: **A.3.1.25 KDC 3/2, KHU PHỐ 1A, PHƯỜNG AN PHÚ, THỊ XÃ THUẬN AN, TỈNH BÌNH DƯƠNG**
Tên mẫu	: **SÁT KHUẨN TAY DẠNG BỌT KHÔNG CỒN ENDURO**
Ngày nhận mẫu	: **13/02/2020**
Thời gian thử nghiệm	: **18/02/2020 đến 21/02/2020**
Tình trạng mẫu	: **MẪU DẠNG LỎNG TRONG 1 CHAI NHỰA 500L NGUYÊN BAO BÌ – KHÁCH HÀNG TỰ MANG ĐẾN**
Số lượng mẫu	: 01 chai, không có mẫu lưu
Thời gian lưu mẫu	: Không có
Vi sinh vật thử nghiệm	: *Salmonella typhi* ATCC 10428 *Escherichia coli* ATCC 25922 *Staphylococcus aureus* ATCC 25923 *Pseudomonas aeruginosa* ATCC 27853 *Candida albicans* ATCC 26790
Nồng độ mẫu thử nghiệm	: Dung dịch nguyên chất
Thời gian tiếp xúc VSV	: 01 phút
Thời gian nuôi cấy	: 48 giờ đối với vi khuẩn và 72 giờ đối với vi nấm
Môi trường thử nghiệm	: Hektoen, Baird Parker, EMB, Cetrimide
Phương pháp thử nghiệm	: IP HCM V04:2017 (REF. BS EN 1500, ASTM E1054, ASTM E2315, EN 14347, EN 13727)

VIỆN PASTEUR TP. HỒ CHÍ MINH

1. Dấu (*) là chỉ tiêu được VILAS công nhận.
2. Các kết quả thử nghiệm ghi trong phiếu này chỉ có giá trị đối với mẫu do khách hàng gửi đến.
3. Không được trích sao một phần phiếu kết quả thử nghiệm này nếu không có sự đồng ý bằng văn bản của Viện Pasteur TP. HCM.
4. Tên mẫu, tên khách hàng được ghi theo yêu cầu của nơi gửi mẫu.