

LABORATORY SERVICE REQUEST – CUSTOMIZED SERVICES (No Test Article)

Client Info	Report To (Please include contact name and company info.)		Invoice To (If different than Report To info.)	
	Contact Name:		Contact Name:	
	Company Name:		Company Name:	
	Address:		Address:	
	City/State/Zip:		City/State/Zip:	
	Phone:	Fax:	P.O.#:	
	Email:		Quote #:	

Service	STUDY TITLE or SERVICE:																
	SPECIAL INSTRUCTIONS:																
	Regulatory Treatment: (GLP will incur an additional fee.) <input type="checkbox"/> GLP <input type="checkbox"/> cGMP <input type="checkbox"/> Non-regulatory																
	Archive Options (for Paper Records and Specimens – tissues, blocks and slides) All paper records will be scanned and stored at PBL indefinitely by a system that is validated to comply with GMP and GLP regulations. If archive option is not selected, the default option will be implemented.																
	<table border="1"> <thead> <tr> <th>Paper Records (Check One)</th> <th>Specimen (Check One If Applicable)</th> <th>Archive Options</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Discard (after one year) – Non-GLP Default</td> </tr> <tr> <td></td> <td></td> <td>Return to Client (after one year) – GLP Default (Shipping charges apply)</td> </tr> <tr> <td></td> <td></td> <td>Return Immediately to Client (at study completion) – (Shipping charges apply)</td> </tr> <tr> <td></td> <td></td> <td>Extended Storage by PBL (after one year) - Invoiced annually per Fee Schedule at www.PacificBioLabs.com/archivefeeschedule.asp</td> </tr> </tbody> </table>	Paper Records (Check One)	Specimen (Check One If Applicable)	Archive Options			Discard (after one year) – Non-GLP Default			Return to Client (after one year) – GLP Default (Shipping charges apply)			Return Immediately to Client (at study completion) – (Shipping charges apply)			Extended Storage by PBL (after one year) - Invoiced annually per Fee Schedule at www.PacificBioLabs.com/archivefeeschedule.asp	
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Rush: No Yes
 (Will incur a 50% surcharge.)

Report Format: PDF(no charge)
 Paper
 Paper and PDF
 (no charge for PDF format, paper format or any additional format will incur \$6.00 charge)

The signature of the Sponsor (or Sponsor's representative) below is assurance that this study is not an unnecessary duplication of previous work; and that, to the best knowledge of the Sponsor, no alternative *in vitro* or decreased *in vivo* animal use procedures are available to meet the stated purposes of this study. Documentation for the necessity of this study may be obtained from the Sponsor.

TESTING AUTHORIZED BY (Please sign): _____

DATE: _____

(Sponsor approval is required for testing to begin, unapproved LSR forms may not be processed)