

LABORATORY SERVICE REQUEST – CUSTOMIZED SERVICES

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 #:	

Test Article Info	Test Article ID: (Please use the exact wording you want to appear in the final report.)		
	Physical Description:		
	Quantity:	Lot No:	Sample Code:
	Storage Condition: <input type="checkbox"/> 20 to 25°C <input type="checkbox"/> 2 to 8°C <input type="checkbox"/> -16 to -24°C <input type="checkbox"/> -60 to -80°C	Controlled Substance: <input type="checkbox"/> No <input type="checkbox"/> Yes - Schedule	Hazardous: . <input type="checkbox"/> No <input type="checkbox"/> Yes Type of Hazard: (Include MSDS if samples are hazardous. Client will incur charges for disposal of hazards.)
	Return Test Articles: <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier: _____ Account #: _____		
	<i>(Client will incur charges for shipping and handling.)</i>		

Service	Regulatory Treatment: (GLP will incur an additional fee.) <input type="checkbox"/> GLP <input type="checkbox"/> cGMP <input type="checkbox"/> Non-regulatory
	RUSH Service: (Will incur a 50% surcharge.) <input type="checkbox"/> No <input type="checkbox"/> Yes
	Would you like to receive a Report Date Confirmation? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Report Format: <input type="checkbox"/> PDF(no charge) <input type="checkbox"/> Paper <input type="checkbox"/> Paper and PDF (no charge for PDF format, paper format or any additional format will incur \$6.00 charge)
	Archive Options: Paper records will be scanned and stored indefinitely at PBL by a validated system that complies with GMP and GLP regulations. If archive option is not selected, the default option will be implemented.
	Paper Records (Check One) 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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STUDY TITLE:

OTHER TEST/SPECIAL INSTRUCTIONS:

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)