

LABORATORY SERVICE REQUEST- ENVIRONMENTAL MONITORING SAMPLES

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	Environmental monitoring samples collected by: (Date(s)/ Technician) _____		
	<input type="checkbox"/> Client		
	<input type="checkbox"/> PBL Technician Time: _____ hours Travel Time: _____ hours		
	No. Samples	Item/Media Type (Air Sample Strips, Fallout Plates, Contact Plates, Swabs, etc.)	Sample Identification (Please list each sample) (Please use the sample codes, locations or other identification that should appear on the final report)

Test	<input type="checkbox"/> Incubation, Enumeration and Reporting
	<input type="checkbox"/> Isolate Colony Morphology with Gram Stain OR <input type="checkbox"/> Isolate Gram Stain Only
	<input type="checkbox"/> Ancillary Fluids (Aerobic Bacteria and Fungi Count) → <input type="checkbox"/> Membrane Filtration OR <input type="checkbox"/> Direct Plate

Would you like to receive a Report Date Confirmation? No Yes

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)

RUSH Service: (Will incur a 50% surcharge.) No Yes

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

OTHER TESTS/SPECIAL INSTRUCTIONS

TESTING AUTHORIZED BY (Please sign) _____ **DATE:** _____
(Sponsor approval is required for testing to begin, unapproved LSR forms may not be processed)