

LABORATORY SERVICE REQUEST- BACTERIAL ENDOTOXIN (LAL)

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:
	Part Number:	Expiration Date:	
	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: _____ <small>(Include MSDS if samples are hazardous. Client will incur charges for disposal of hazards.)</small>
	Return Test Articles: <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier: _____ Account #: _____ <i>(Client will incur charges for shipping and handling.)</i>		
	List part(s) of the Test Article that should be tested:		
	Can Test Article be cut? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Extraction Condition: <i>(for tests other than the Cytotoxicity tests)</i> <input type="checkbox"/> 121°C for 1 hour <input type="checkbox"/> 70°C for 24 hours <input type="checkbox"/> 50°C for 72 hours <input type="checkbox"/> 37°C for 72 hours <input type="checkbox"/> Other: _____ (provide justification)		
	Sterility Status: <input type="checkbox"/> Non-Sterile <input type="checkbox"/> Sterile <i>(Please indicate method)</i>		
	Note: Test Articles shall be submitted sterile by Sponsor		
	Surface Area in cm ² if Known		Thickness
	Surface Area Calculations Completed By: <input type="checkbox"/> Client <input type="checkbox"/> Consultant <input type="checkbox"/> via CAD (technical) Drawing <input type="checkbox"/> To Be Completed By PBL <input type="checkbox"/> Other		

Service	Regulatory Treatment: (GLP will incur an additional fee.) <input type="checkbox"/> GLP <input type="checkbox"/> cGMP <input type="checkbox"/> Non-regulatory										
	Regulatory Compliance Needed (GLP only): <input type="checkbox"/> FDA <input type="checkbox"/> European Union <input type="checkbox"/> Other										
	Purpose of Testing: <input type="checkbox"/> 510K <input type="checkbox"/> IND <input type="checkbox"/> Other										
	GLP Test Article Characterization and Stability (CofA):										
	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;">Completed and:</td> <td style="width:10%; border:none; text-align:center;">or</td> <td style="width:40%; border:none;">To Be Completed by Sponsor and:</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Will be provided during study</td> <td style="border:none;"></td> <td style="border:none;"><input type="checkbox"/> Will be provided during study</td> </tr> <tr> <td style="border:none;"><input type="checkbox"/> Will not be provided during study</td> <td style="border:none;"></td> <td style="border:none;"><input type="checkbox"/> Will not be provided during study</td> </tr> </table>			Completed and:	or	To Be Completed by Sponsor and:	<input type="checkbox"/> Will be provided during study		<input type="checkbox"/> Will be provided during study	<input type="checkbox"/> Will not be provided during study	
Completed and:	or	To Be Completed by Sponsor and:									
<input type="checkbox"/> Will be provided during study		<input type="checkbox"/> Will be provided during study									
<input type="checkbox"/> Will not be provided during study		<input type="checkbox"/> Will not be provided during study									
Note: Failure to provide test article characterization/stability information may constitute a regulatory violation.											
RUSH Service: (Will incur a 50% surcharge.) <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)											

Service	Archive Options: (for Paper Records and Specimens – tissues, blocks and slides)	
	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)	Specimen (Check One if Applicable)
		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

Validation	Inhibition and Enhancement Test (USP/EP/JP) (Required by GMP regulations)	
	<input type="checkbox"/> To be conducted by Pacific BioLabs (<i>Check method and specify limit below</i>) <input type="checkbox"/> Completed – PBL Report No. _____ <input type="checkbox"/> Declined (<i>Please call PBL regarding testing parameters.</i>)	
Test Procedure	Pharmaceutical	Medical Device
	Method <input type="checkbox"/> Liquids – specify limit _____ <input type="checkbox"/> Powders – specify limit _____	Method <input type="checkbox"/> Immersion <input type="checkbox"/> Exhaustive Fluid Path Limit <input type="checkbox"/> 20 EU <input type="checkbox"/> 2.15 EU (limit for cerebral spinal fluid) <input type="checkbox"/> Other – specify limit _____
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)	