

**LABORATORY SERVICE REQUEST- BIOBURDEN**

|                    |  |     |   |       |
|--------------------|--|-----|---|-------|
| <b>Client Info</b> | Report To <i>(Please include contact name and company info.)</i> |     | Invoice To <i>(If different than Report To info.)</i> |       |
|                    | Phone  | Fax |   | P.O.  |
|                    | Email  |     |   | Quote |

|                          |   |                                     |                                   |   |
|--------------------------|---|-------------------------------------|-----------------------------------|---|
| <b>Test Article Info</b> | Test Article ID <i>(Please use the exact wording you want to appear in the final report.)</i> |                                     |                                   |   |
|                          | Quantity  | Lot No.                             |                                   | Code  |
|                          | Storage Conditions  | <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<br><i>(Please include MSDS if samples are hazardous. Client will incur charges for disposal of hazards.)</i> |
|                          | Return Test Articles<br><i>(Client will incur charges for shipping and handling.)</i>         | <input type="checkbox"/> No         | <input type="checkbox"/> Yes      | Carrier _____ Account # _____   |

|                                  |  |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
|----------------------------------|--|--|--|--|----------------------------------|--|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| <b>Service</b>                   | Regulatory Treatment <i>(GLP will incur an additional fee.)</i> <input type="checkbox"/> QSR <input type="checkbox"/> cGMP <input type="checkbox"/> GLP <input type="checkbox"/> Non-regulatory  |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
|                                  | Rush <i>(Will incur a 50% surcharge.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes   |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
|                                  | Do You Want Report Date Confirmation? <input type="checkbox"/> No <input type="checkbox"/> Yes   |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
|                                  | Report Format <input type="checkbox"/> Paper <input type="checkbox"/> PDF <input type="checkbox"/> Paper and PDF <i>(First format No Charge, \$6.00 for each additional.)</i>  |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
|                                  | Archive Options <b>(for Paper Records)</b><br>All paper records will be scanned and stored at PBL indefinitely by a system that is validated to comply with GMP and GLP regulations.   |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
|                                  | <table border="1"> <tr> <td colspan="2"><b>Paper Records (check one)</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Discard (after one year) – <b>Non-GLP Default</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Return to Client (after one year) – <b>GLP Default</b> (Shipping charges apply)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Return Immediately to Client (at study completion) – (Shipping charges apply)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Extended Storage by PBL (after one year) - Invoiced annually per Fee Schedule at <a href="http://www.PacificBioLabs.com/archivefeeschedule.asp">www.PacificBioLabs.com/archivefeeschedule.asp</a></td> </tr> </table> |  |  |  | <b>Paper Records (check one)</b> |  | <input type="checkbox"/> | Discard (after one year) – <b>Non-GLP Default</b> | <input type="checkbox"/> | Return to Client (after one year) – <b>GLP Default</b> (Shipping charges apply) | <input type="checkbox"/> | Return Immediately to Client (at study completion) – (Shipping charges apply) | <input type="checkbox"/> |
| <b>Paper Records (check one)</b> |  |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
| <input type="checkbox"/>         | Discard (after one year) – <b>Non-GLP Default</b>  |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
| <input type="checkbox"/>         | Return to Client (after one year) – <b>GLP Default</b> (Shipping charges apply)  |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
| <input type="checkbox"/>         | Return Immediately to Client (at study completion) – (Shipping charges apply)  |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |
| <input type="checkbox"/>         | Extended Storage by PBL (after one year) - Invoiced annually per Fee Schedule at <a href="http://www.PacificBioLabs.com/archivefeeschedule.asp">www.PacificBioLabs.com/archivefeeschedule.asp</a>  |  |  |  |                                  |  |                          |   |                          |   |                          |   |                          |

|             |   |
|-------------|---|
| <b>Type</b> | Test Article: <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Medical Device |
|             | Method: <input type="checkbox"/> Pour Plate <input type="checkbox"/> Membrane Filtration      |

|  |   |
|--|---|
| <b>Validation</b>  | <input type="checkbox"/> To be conducted by Pacific BioLabs <i>(Check method)</i> <input type="checkbox"/> Spore Recovery Study (for sterile or near sterile samples) |
|  | <input type="checkbox"/> Exhaustive Recovery (for samples with ≤300 and ≥100CFU)  |
|  | <input type="checkbox"/> Completed – PBL Report No. _____   |
| <input type="checkbox"/> Declined <i>(Please call PBL regarding testing parameters.)</i> |   |

|                       |  |
|-----------------------|--|
| <b>Test Procedure</b> | Routine Testing<br><input type="checkbox"/> Aerobic Bacteria <input type="checkbox"/> Fungi <input type="checkbox"/> Spores <input type="checkbox"/> Anaerobes               |
|                       | Microbial Identification<br><input type="checkbox"/> Bacterial Identification <input type="checkbox"/> Yeast or Mold Identification <input type="checkbox"/> Gram Stain Only |

OTHER TESTS/SPECIAL INSTRUCTIONS:

**TESTING AUTHORIZED BY (Please sign):** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*(Signature and date is required for testing to begin, unsigned LSR forms will not be processed)*