

LABORATORY SERVICE REQUEST- CLASS PLASTICS

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.)			
	Quantity:	Lot No.:	Sample Code:	
	Part Number:		Expiration Date:	
	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 (Please 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 # (Client will incur charges for shipping and handling)			
	List part(s) of the Test Article that should be tested:			
	GLP Test Article Characterization and Stability (CofA):			
	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.			
	Sterility Status <input type="checkbox"/> Non-Sterile <input type="checkbox"/> Sterile (Please indicate method)			
Note: Test Articles shall be submitted sterile by Sponsor				
Can Test Article be cut? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Extraction Conditions <input type="checkbox"/> 121°C for 1 hour <input type="checkbox"/> 70°C for 24 hours <input type="checkbox"/> 50°C for 72 hours				
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 <input type="checkbox"/> Non-regulatory <input type="checkbox"/> cGMP <input type="checkbox"/> GLP (GLP will incur an additional fee.)			
	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"/> Other			
	Rush (Will incur a 50% surcharge.) <input type="checkbox"/> No <input type="checkbox"/> Yes			
Report Format <input type="checkbox"/> Paper <input type="checkbox"/> PDF <input type="checkbox"/> Paper and PDF (First format NC, \$6.00 for each additional.)				

Archive Options	
All paper records will be scanned and stored at PBL indefinitely by a system that is validated to comply with GMP and GLP regulations.	
Paper Records (Check One)	
<input type="checkbox"/>	Discard (after one year) – Non-GLP Default
<input type="checkbox"/>	Return to Client (after one year) – GLP Default (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 www.PacificBioLabs.com/archivefeeschedule.asp

Test Procedure	CLASS PLASTICS TESTS – USP	
	<input type="checkbox"/> Class I	<input type="checkbox"/> Class IV w/7 Day Implant
	<input type="checkbox"/> Class II	<input type="checkbox"/> Class V
	<input type="checkbox"/> Class III	<input type="checkbox"/> Class VI w/7 Day Implant

Additional Service: Sterilization Processing (121°C for 30 Minutes) (*Will incur an additional fee.*)

OTHER TESTS/SPECIAL INSTRUCTIONS

The signature of the Sponsor (or Sponsor's representative) below is assurance that 1) the study is appropriate to the Sponsor's project goals and that no alternative *in vitro* or decreased *in vivo* animal use procedures are available to meet the stated purpose of the study, 2) the species chosen is appropriate to the stated purpose of the study and that use of alternative species has been considered, 3) the study is not an unnecessary duplication of previous work, and 4) the number of animals used is appropriate to establish biological or statistical significance as required by the study. The Sponsor also specifies that documentation for the above assurances may be obtained from the Sponsor.

TESTING AUTHORIZED BY (Please sign) _____ **DATE:** _____

(Signature and date is required for testing to begin, unsigned LSR forms will not be processed)