

LABORATORY SERVICE REQUEST- CYTOTOXICITY

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:	
	Country:		Country:	
	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: _____ (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>		
	List part(s) of the Test Article that should be tested:		
	Final intended use/application of Test Article?		
	Can Test Article be cut? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	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		
	GLP Test Article Characterization and Stability (CofA): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Completed and:</p> <p><input type="checkbox"/> Will be provided during study</p> <p><input type="checkbox"/> Will not be provided during study</p> </div> <div style="width: 10%; text-align: center;">or</div> <div style="width: 45%;"> <p>Completed and:</p> <p><input type="checkbox"/> Will be provided during study</p> <p><input type="checkbox"/> Will not be provided during study</p> </div> </div> <p>Note: Failure to provide test article characterization/stability information may constitute a regulatory violation.</p>		
	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) <ul style="list-style-type: none"> <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 METHOD	GUIDELINE: <input type="checkbox"/> ISO <input type="checkbox"/> USP	
	STANDARD METHOD: <i>(Only elution tests will be extracted and/or incubated at 37°C for 24 hours in MEM, unless otherwise specified by sponsor.)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Agar Diffusion <input type="checkbox"/> MEM Elution (extract test) <input type="checkbox"/> Direct Contact <input type="checkbox"/> MTT - Quantitative Evaluation (extract test) <input type="checkbox"/> Colony Formation (extract test) 	MODIFIED METHOD: <i>(All cytotoxicity samples will be extracted in 0.9% Sodium Chloride Injection (SCI) USP, unless otherwise specified by sponsor.)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Agar Diffusion <input type="checkbox"/> MEM Elution (extract test) <input type="checkbox"/> Direct Contact <input type="checkbox"/> MTT – Quantitative Evaluation <input type="checkbox"/> Colony Formation Select one extraction condition per modified test <ul style="list-style-type: none"> <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
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)	