

LABORATORY SERVICE REQUEST- CYTOTOXICITY

Client Info	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

Test Article Info	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	
	<i>(Please include MSDS if samples are hazardous. Client will incur charges for disposal of hazards.)</i>				
	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?				
	Stability Testing	<input type="checkbox"/> Completed	<input type="checkbox"/> To be completed by sponsor	<input type="checkbox"/> N/A	
	Sterility Status	<input type="checkbox"/> Non-Sterile	<input type="checkbox"/> Sterile	<i>(Please indicate method)</i>	
	Can Test Article be cut?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Surface Area in cm ² if Known	Thickness				
Surface Area Calculations Completed By					
<input type="checkbox"/> Client <input type="checkbox"/> Consultant <input type="checkbox"/> To Be Completed By PBL <input type="checkbox"/> Via CAD (technical) Drawing <input type="checkbox"/> Other					

Service	Regulatory Treatment	<input type="checkbox"/> QSR	<input type="checkbox"/> cGMP	<input type="checkbox"/> GLP	<input type="checkbox"/> Non-regulatory
	<i>(GLP will incur an additional fee.)</i>				
	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	
	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 (for Paper Records)				
	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				

	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> <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> <input type="checkbox"/> Agar Diffusion <input type="checkbox"/> MEM Elution (extract test) <input type="checkbox"/> Direct Contact <input type="checkbox"/> MTT - Qualitative Evaluation <input type="checkbox"/> Colony Formation Select one extraction condition per modified test <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: _____ (Signature and date is required for testing to begin, unsigned LSR forms will be not be processed)		