

LABORATORY SERVICE REQUEST- GENERAL

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:	Controlled Substance:	Hazardous:
	<input type="checkbox"/> 20 to 25°C	<input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> 2 to 8°C	<input type="checkbox"/> Yes – Schedule: _____	Type of Hazard: _____
	<input type="checkbox"/> -16 to -24°C		(Include MSDS if samples are hazardous.)
	<input type="checkbox"/> -60 to -80°C		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:		
	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: (for tests other than the Cytotoxicity tests)			
<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	
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<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.														
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Test Procedure	PLEASE INDICATE BELOW

TESTING AUTHORIZED BY (Please sign): _____	DATE: _____
(Sponsor approval is required for testing to begin, unapproved LSR forms may not be processed)	