

LABORATORY SERVICE REQUEST- SUPPLY ORDER

Client / Delivery 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:	Phone:	
	Email:		Quote #:	
	Delivery Due Date:	Carrier:	Account #:	
<input type="checkbox"/> GROUND <input type="checkbox"/> 2 ND DAY <input type="checkbox"/> NEXT DAY <input type="checkbox"/> OTHER				

Microbial Environmental Monitoring Supplies	Please indicate the quantity of each item that you need	
	<input type="checkbox"/> Fallout Plate (sold in package of 10 plates) → TSA _____ SDA _____ Other _____	
	<input type="checkbox"/> Contact Plate (sold in package of 10 plates) → DE _____ TSA _____ SDA _____ Other _____	
	<input type="checkbox"/> Biotest™ Air Sampler Strips → TSA _____ Rose Bengal _____ SDA _____ Other _____	
	<input type="checkbox"/> Sterile Buffer Solution with Dacron Swab _____	
	<input type="checkbox"/> Biotest™ Centrifugal Air Sampler – Daily Rental; Dates needed: _____ to _____	
	<input type="checkbox"/> Sterile Gloves and Hand Sanitizer _____	
	<input type="checkbox"/> Additional items not listed: _____ _____	

Water Testing/Misc. Supplies	Please indicate the quantity of each item that you need	
	<input type="checkbox"/> Sterile Specimen Cups, 120 mL _____	
	<input type="checkbox"/> Sterile Non-pyrogenic Tubes, 15 mL (LAL) _____	
	<input type="checkbox"/> Sterile Glass Bottles, 1 Liter _____	
	<input type="checkbox"/> Glass Bottles, 1 Liter (Water Monograph) _____	
	<input type="checkbox"/> Polycarbonate Bottles, 1 Liter (Water Monograph) _____	
	<input type="checkbox"/> Vials, 40 mL (TOC) _____	
	<input type="checkbox"/> Additional items not listed: _____ _____	

SPECIAL INSTRUCTIONS

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