

**LABORATORY SERVICE REQUEST- WATER TESTING**

<b>Client Info</b>	<b>Report To</b> (Please include contact name and company info.)		<b>Invoice To</b> (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 #:	

<b>Test Article Info</b>	<b>Test Article ID:</b> (Please use the exact wording you want to appear in the final report.)		
	<b>Physical Description:</b>		
	<b>Quantity:</b>	<b>Lot No:</b>	<b>Sample Code:</b>
	<b>Storage Condition:</b> <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	<b>Controlled Substance:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes - Schedule	<b>Hazardous:</b> . <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Type of Hazard:</b> (Include MSDS if samples are hazardous. Client will incur charges for disposal of hazards.)
	<b>Return Test Articles:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Carrier:</b>	<b>Account #:</b>
	<i>(Client will incur charges for shipping and handling.)</i>		

<b>Service</b>	<b>Regulatory Treatment:</b> (GLP will incur an additional fee.) <input type="checkbox"/> GLP <input type="checkbox"/> cGMP <input type="checkbox"/> Non-regulatory
	<b>RUSH Service:</b> (Will incur a 50% surcharge.) <input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Would you like to receive a Report Date Confirmation?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Report Format:</b> <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)
	<b>Archive Options:</b> 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.
	<b>Paper Records (Check One)</b> Discard (after one year) – <b>Non-GLP Default</b> Return to Client (after one year) – <b>GLP Default</b> (Shipping charges apply) Return Immediately to Client (at study completion) – (Shipping charges apply) Extended Storage by PBL (after one year) - Invoiced annually per Fee Schedule at <a href="http://www.PacificBioLabs.com/archivefeeschedule.asp">www.PacificBioLabs.com/archivefeeschedule.asp</a>

<b>Chemical</b>
<input type="checkbox"/> USP Purified Water (TOC and Conductivity) (For samples not expected to meet USP specifications or for testing "for information only" purposes, please see General Water Testing below)
<input type="checkbox"/> USP Total Organic Carbon
<input type="checkbox"/> USP Conductivity:    Specify Type of Water: <input type="checkbox"/> Packaged Water <input type="checkbox"/> Bulk Water

General Water for Testing (Cleaning Validations, Swab Samples, Tap Water)

*(Testing will be conducted according to USP General chapters <643> (Total Organic Carbon) and <645> (Water Conductivity). The final report will contain no reference to a specification or to a "conforms/fails" status and no out-of-specification investigation will be performed. It is the client's responsibility to consult the USP General Chapters to determine the status of results.)*

Total Organic Carbon

Conductivity

**Microbial Test**

Total Heterotrophic Plate Count

By Membrane Filtration

Amount to be Tested :  1 mL  10 mL  100 mL  Other

Specify Medium :  PCA  R2A (for slow growing microorganism)

By Pour Plate

Specify Medium :  PCA  R2A (for slow growing microorganism)

Total Coliform

By Membrane Filtration

*P. aeruginosa*

By Membrane Filtration

Amount to be Tested  100 mL  50 mL  10 mL  Other

**LAL Bacterial Endotoxin**

Bacterial Endotoxin (LAL) USP/EP/JP Chromogenic Method

Limit  0.25 EU/mL  0.5 EU/mL

0.25 IU/mL  0.5 IU/mL

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)**

## LABORATORY SERVICE REQUEST– WATER TESTING

### Sample Submission Procedure

#### TOC

Samples for TOC testing should be collected into (2) 40 mL TOC (Special septum cap) glass vials. (1 for test, 1 extra). If the spigot will be cleaned with an organic solvent for micro sampling, make sure that the TOC sample is taken prior to cleaning. Organic solvents may provide out of specification results. Open the tap and allow the interior surface to be cleaned by a flush of water. Fill the sample vial with fluid, then discard; repeating 3 times prior to filling the vial with the water for testing. Document the appropriate sample ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each vial. Maintain samples at 2-8°C. Do not freeze.

*Pacific BioLabs Sampling Supplies: TOC Sample Vials, 40 mL*

#### Conductivity

Please submit 1,000 mL per test. Document the appropriate ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each bottle. These samples do not have to be refrigerated.

*Pacific BioLabs Sampling Supplies: Polycarbonate Bottle, 1 Liter or Glass Bottle with Teflon Lined Cap, 1 Liter*

#### Microbiological Analyses

Please submit 120 mL per microbiological analysis. This testing must be performed within 48 hours of the sample collection time in order to receive accurate microbial counts. Please collect the sample(s) as late in the day as possible. Ship the sample(s) for Next-Day delivery by 8:00 AM (if at all possible). This will help to ensure that your samples are received, processed into the lab and the testing performed within the allotted time frame. Document the appropriate ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each specimen cup. Maintain samples at 2-8°C. Do not freeze.

Total Heterotrophic Plate Count – Please specify amount of sample submitted that Pacific BioLabs is to test.

*Pacific BioLabs Sampling Supplies: Specimen Cups, Sterile, 120 mL*

#### Bacterial Endotoxin

Please indicate your endotoxin limit on your paperwork. The USP does not state an endotoxin limit for purified water. Fill 1 sterile, non-pyrogenic 15 mL test tube to capacity. Document the appropriate ID (location), date and time of sampling for your records, on the LSR (Laboratory Service Request) form and on each tube. Maintain samples at 2-8°C. Do not freeze.

*Pacific BioLabs Sampling Supplies: Test Tubes, Sterile, Non-pyrogenic, 15 mL*

#### Particulate Matter

Samples for particulate are generally stored and shipped at the normal storage conditions for the product. Please indicate on your paperwork if you would like us to perform the test with the light obscuration or microscopic method. Samples should be taken in pre-cleaned containers for bulk product. All other samples are sent in the regular packaging. For products that are < 25 mL each container, the USP requires a minimum of 10 pooled containers with a total volume of not less than 20 mL. Products that are greater than/equal to 25 mL each may be tested individually but are reported per container as required for small volume samples. If you expect your sample to fail the light obscuration test, please submit double this amount since this method uses 15 mL and we will need to request additional sample in order to perform the microscopic method.

*Please note that Pacific BioLabs subcontracts this testing to a Pacific BioLabs audited facility.*