

LABORATORY SERVICE REQUEST- BIOBURDEN

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	
	Email		P.O.	
			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>			

Service	Regulatory Treatment <i>(GLP will incur an additional fee.)</i> <input type="checkbox"/> cGMP <input type="checkbox"/> GLP <input type="checkbox"/> Non-regulatory																				
	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 NC, \$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 will be stored by PBL at no charge for the first year after study completion. If no options are selected, default options will take effect. Extended storage will be invoiced annually per Fee Schedule at www.PacificBioLabs.com/archivefeeschedule.asp .																				
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Type	Test Article: <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Medical Device
	Method: <input type="checkbox"/> Pour Plate <input type="checkbox"/> Membrane Filtration

Validation	<input type="checkbox"/> To be conducted by Pacific BioLabs <i>(Check method)</i> <input type="checkbox"/> Recovery Study <input type="checkbox"/> Exhaustive Recovery
	<input type="checkbox"/> Completed – PBL Report No. _____
	<input type="checkbox"/> Declined <i>(Please call PBL regarding testing parameters.)</i>

Test Procedure	Routine Testing <input type="checkbox"/> Aerobic Bacteria <input type="checkbox"/> Fungi <input type="checkbox"/> Spores <input type="checkbox"/> Anaerobes
	Microbial Identification <input type="checkbox"/> Bacterial Identification <input type="checkbox"/> Yeast or Mold Identification <input type="checkbox"/> Gram Stain Only

OTHER TESTS/SPECIAL INSTRUCTIONS

TESTING AUTHORIZED BY (Please sign) _____ **DATE:** _____