

LABORATORY SERVICE REQUEST- GENERAL

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		
Extraction Conditions	<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
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"/> 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 NC, \$6.00 for each additional.)</i>	

Service	Archive Options (for Paper Records and Specimens – tissues, blocks and slides)			
	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 and GLP Specimens 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 .			
	Non GLP RPT	GLP RPT	GLP Specimen	Archive Options
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discard (after one year) – Non-GLP Default
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return to Client (after one year) – GLP Default (Shipping charges apply)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return Immediately to Client (at study completion) – (Shipping charges apply)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended Storage by PBL (after one year) - Invoiced annually for continued PBL retention.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client Default – Previously selected options by Client	

Test Procedure

PLEASE INDICATE BELOW

TESTING AUTHORIZED BY (Please sign) _____

DATE: _____