

**LABORATORY SERVICE REQUEST- WATER TESTING**

<b>Client Info</b>	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

  

<b>Test Article Info</b>	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>		

  

<b>Service</b>	Regulatory Treatment <input type="checkbox"/> cGMP <input type="checkbox"/> GLP <input type="checkbox"/> Non-regulatory <i>(GLP will incur an additional fee.)</i>																			
	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>																			
	<b>Archive Options (for Paper Records)</b> 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 <a href="http://www.PacificBioLabs.com/archivefeeschedule.asp">www.PacificBioLabs.com/archivefeeschedule.asp</a> .																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Non GLP RPT</th> <th style="width:10%;">GLP RPT</th> <th style="width:80%;">Archive Options</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Discard (after one year) – <b>Non-GLP Default</b></td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Return to Client (after one year) – <b>GLP Default</b> (Shipping charges apply)</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Return Immediately to Client (at study completion) – (Shipping charges apply)</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Extended Storage by PBL (after one year) - Invoiced annually for continued PBL retention.</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Client Default – Previously selected options by Client</td> </tr> </tbody> </table>			Non GLP RPT	GLP RPT	Archive Options	<input type="checkbox"/>	<input type="checkbox"/>	Discard (after one year) – <b>Non-GLP Default</b>	<input type="checkbox"/>	<input type="checkbox"/>	Return to Client (after one year) – <b>GLP Default</b> (Shipping charges apply)	<input type="checkbox"/>	<input type="checkbox"/>	Return Immediately to Client (at study completion) – (Shipping charges apply)	<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"/>	Client Default – Previously selected options by Client
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<b>Test Procedure</b>	<b>Chemical</b>	
	<input type="checkbox"/> USP Purified Water (TOC and Conductivity) <i>(For samples not expected to meet USP specifications or for testing "for information only" purposes, please see General Water Testing below)</i>	
	<input type="checkbox"/> USP Total Organic Carbon <input type="checkbox"/> USP Conductivity	
	<input type="checkbox"/> General Water for Testing (Cleaning Validations, Swab Samples, Tap Water) <i>(Testing will be conducted according to USP General chapters &lt;643&gt; (Total Organic Carbon) and &lt;645&gt; (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.)</i>	
<input type="checkbox"/> Total Organic Carbon <input type="checkbox"/> Conductivity		

<b>Test Procedure</b>	<input type="checkbox"/> Total Heterotrophic Plate Count <input type="checkbox"/> By Membrane Filtration Amount to be Tested <input type="checkbox"/> 1 mL <input type="checkbox"/> 10 mL <input type="checkbox"/> 100 mL <input type="checkbox"/> Other Specify Medium <input type="checkbox"/> PCA <input type="checkbox"/> R2A <input type="checkbox"/> By Pour Plate Specify Medium <input type="checkbox"/> PCA <input type="checkbox"/> R2A <input type="checkbox"/> Total Coliform <input type="checkbox"/> By Membrane Filtration <input type="checkbox"/> <i>P. aeruginosa</i> <input type="checkbox"/> By Membrane Filtration Amount to be Tested <input type="checkbox"/> 100 mL <input type="checkbox"/> 50 mL <input type="checkbox"/> 10 mL <input type="checkbox"/> Other
	<input type="checkbox"/> Bacterial Endotoxin (LAL) USP/EP/JP Chromogenic Method Limit <input type="checkbox"/> 0.25 EU/mL <input type="checkbox"/> 0.5 EU/mL <input type="checkbox"/> 0.25 IU/mL <input type="checkbox"/> 0.5 IU/mL
	OTHER TESTS/SPECIAL INSTRUCTIONS

<b>TESTING AUTHORIZED BY (Please sign)</b> _____	<b>DATE:</b> _____
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## 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.*