



LABORATORY SERVICE REQUEST (LSR) - ANTIMICROBIAL EFFECTIVENESS TEST

CLIENT INFO						
					nalyses, and compliance. Fill in the be delayed if form is not complete.)	
Sponsor: (Send Report To)			Invoice To: (Check Box if same as Sponsor)			
Contact Name:			AP Contact Nan		·	
Company Name:			Company Name	<u>:</u>		
Address:			Address:			
City/State/Zip:			City/State/Zip:			
Country:			Country:			
Phone:			Fax:			
Email:						
PBL Quote Number:			Client P.O. Number:			
TEST ARTICLE INFO						
Lot Number: Part Number: Other Identifier: (ex. Sample Code) Expiration Date: Ouantity of Test Articles	Submitted: (Please indicate	the number o	f units, volume, and/or	weight of test artic	:le.)	
Physical Description:						
Solid	Liquid Pow	der [Gel	Other:	'	
Storage Condition:	Controlled Substance:	(include will incu	Hazardous: (include MSDS if samples are hazardous, client will incur charges for disposal of hazards.)		Sample Disposition: (Check one box) (Samples will be discarded 30 days after report unless otherwise indicated)	
20 to 25°C	□No	☐ Not	Not Hazardous		Return to Sender	
☐ 2 to 8°C			active		Carrier:	
☐ -16 to -24°C	Yes	☐ Bio	hazard		Account:	
60 to -80°C Schedule: Toxic		=		Dispose in Municipal waste		
		☐ Oth	ner:		Dispose in hazardous waste	

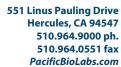
Page 1 of 3 Form No. PBLLSR AET-4.2©





SERVICE INFO						
Regulatory Treatment:	Non-regulatory CGM	P 🔲 GLP				
Complete the following sec	ction if GLP:					
GLP Stability Testing and Tes	t Article Characterization (Certif	icate of Analysis):				
☐ Will be	provided during study	Will not be provided d	uring study			
sample code) that allows unar characterization of the test an define the test or control articl tested; this documentation is of Pacific BioLabs requires docu	mbiguous traceability of the tested d control articles for stability, strentie. This information is typically pro	I material. GLP testing also requingth, purity, and composition, or ovided by the Sponsor and is requif Analysis (C of A). For testing of ition, and stability of the material				
-		· -	in the i mankeport.			
Rush Services: No	Yes (will incur a 50% surcha	rge)				
Report Format: PDF [Report Format: 🔲 PDF 🦳 PDF and Paper 🦳 Paper (Note: A fee will apply for paper copy of report.)					
T (D						
Test Procedure						
	tion: (Required by GMP regula leted - PBL Report No.:	itions)				
	· ——	arameters)				
Validation Declined (Please call PBL regarding testing parameters.)Validation to be conducted by Pacific BioLabs (Check method and specify limit below)						
Method: USP EP BP JP						
	fy Category:		31			
	Method and Product Category)					
	es must have low bioburden so it d		microorganism.			
USP	☐ EP	☐ BP	☐ JP			
Category	Category	Category	Category			
1 Injections	Parenterals/Ophthalmics	Parenterals/Ophthalmics	☐ IA Injections/Parenterals			
2 Topicals	☐ Topicals	☐ Topicals	☐ IB Topicals			
☐ 3 Oral	Oral Preparations	☐ Oral Preparations	☐ IC Oral			
4 Antacids		☐ Ear Preparations	☐ ID Antacids			
			☐ II Dosage forms w/ non-aqueous bases			
Modified (Specify client org	panisms and or time points, if any):					

Page 2 of 3 Form No. PBLLSR AET-4.2©





(Signature and date, or electronic signature is required for testing to begin; unsigned LSR forms will not be processed)					
TESTING AUTHORIZED BY (Please Sign):	DATE:				
OTHER TESTS/SPECIAL INSTRUCTIONS:					

Page 3 of 3 Form No. PBLLSR AET-4.2©