

LABORATORY SERVICE REQUEST (LSR) - ANTIMICROBIAL EFFECTIVENESS TEST

CLIENT INFO

(**Instructions:** Use ONE form for each group of similar samples requiring the same storage, handling, analyses, and compliance. Fill in the form as completely as possible. Submit the form along with sample(s). Initiation of sample analysis will be delayed if form is not complete.)

Sponsor: (Send Report To)	<input type="checkbox"/> Invoice To: (Check Box if same as Sponsor)
Contact Name:	AP Contact Name:
Company Name:	Company Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Country:	Country:
Phone:	Fax:
Email:	
PBL Quote Number:	Client P.O. Number:

TEST ARTICLE INFO

Test Article ID (Please use the exact wording you want to appear in the final report.)

Lot Number:

Part Number:

Other Identifier:
(ex. Sample Code)

Expiration Date:

Quantity of Test Articles Submitted: (Please indicate the number of units, volume, and/or weight of test article.)

Physical Description:

Solid Liquid Powder Gel Other:

Storage Condition: <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: (include MSDS if samples are hazardous, client will incur charges for disposal of hazards.) <input type="checkbox"/> Not Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other:	Sample Disposition: (Check one box) (Samples will be discarded 30 days after report unless otherwise indicated) <input type="checkbox"/> Return to Sender Carrier: _____ Account: _____ <input type="checkbox"/> Dispose in Municipal waste <input type="checkbox"/> Dispose in hazardous waste
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SERVICE INFO

Regulatory Treatment: Non-regulatory cGMP GLP

Complete the following section if GLP:

GLP Stability Testing and Test Article Characterization (Certificate of Analysis):

Will be provided during study Will not be provided during study

Note: GLP testing requires, by Federal regulation, accurate identification of the test and control articles (e.g., a lot number, batch number or sample code) that allows unambiguous traceability of the tested material. GLP testing also requires that the testing laboratory document characterization of the test and control articles for stability, strength, purity, and composition, or other characteristics which will appropriately define the test or control article. This information is typically provided by the Sponsor and is required for each batch of test or control article tested; this documentation is often in the form of a Certificate of Analysis (C of A). For testing of biomedical devices that contain no drugs, Pacific BioLabs requires documentation of the identity, composition, and stability of the material tested.

Failure to provide this information will be noted as noncompliance with GLP regulations in the Final Report.

Rush Services: No Yes (will incur a 50% surcharge)

Report Format: PDF PDF and Paper Paper (Note: A fee will apply for paper copy of report.)

Test Procedure

Plate Count Method Validation: (Required by GMP regulations)

- Validation Completed - PBL Report No.: _____
- 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
 - Specify Category: _____

Routine Test: (Check Test Method and Product Category)

Please note test article samples must have low bioburden so it does not compete with inoculated microorganism.

<input type="checkbox"/> USP	<input type="checkbox"/> EP	<input type="checkbox"/> BP	<input type="checkbox"/> JP
Category <input type="checkbox"/> 1 Injections <input type="checkbox"/> 2 Topicals <input type="checkbox"/> 3 Oral <input type="checkbox"/> 4 Antacids	Category <input type="checkbox"/> Parenterals/Ophthalmics <input type="checkbox"/> Topicals <input type="checkbox"/> Oral Preparations	Category <input type="checkbox"/> Parenterals/Ophthalmics <input type="checkbox"/> Topicals <input type="checkbox"/> Oral Preparations <input type="checkbox"/> Ear Preparations	Category <input type="checkbox"/> IA Injections/Parenterals <input type="checkbox"/> IB Topicals <input type="checkbox"/> IC Oral <input type="checkbox"/> ID Antacids <input type="checkbox"/> II Dosage forms w/ non-aqueous bases

Modified (Specify client organisms and or time points, if any):

OTHER TESTS/SPECIAL INSTRUCTIONS:

TESTING AUTHORIZED BY (Please Sign): _____ DATE: _____

(Signature and date, or electronic signature is required for testing to begin; unsigned LSR forms will not be processed)