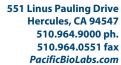




## LABORATORY SERVICE REQUEST (LSR) - BIOBURDEN

CLIENT INFO			
		amples requiring the same storage, handling, a storage it handling, a sample analysis will	
Sponsor: (Send Report To)		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			
Lot Number:			
Part Number:			
Other Identifier: (ex. Sample Code)			
Expiration Date:			
Quantity of Test Articles	s Submitted: (Please indicate the	number of units, volume, and/or weight of test arti	cle.)
Physical Description:			
Device	Solid Liquid	☐ Powder ☐ Gel	Other:
Storage Condition:	Controlled Substance:	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 Hazardous	Return to Sender
2 to 8°C		Reactive	Carrier:
☐ -16 to -24°C	Yes	Biohazard	Account:
☐ -60 to -80°C	Schedule:	☐ Toxic	Dispose in Municipal waste
		Other:	Dispose in hazardous waste

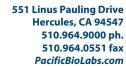
Page 1 of 3 Form No. PBLLSR bioburden-5.2©





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 p	provided during study			
<b>Note:</b> GLP testing requires, by Federal regulation, accurate identification of the test a sample code) that allows unambiguous traceability of the tested material. GLP testing characterization of the test and control articles for stability, strength, purity, and composition the test or control article. This information is typically provided by the Sponsor tested; this documentation is often in the form of a Certificate of Analysis (C of A). For Pacific BioLabs requires documentation of the identity, composition, and stability of the <b>Failure to provide this information will be noted as noncompliance with GLP region.</b>	also requires that the testing laboratory document osition, or other characteristics which will appropriately and is required for each batch of test or control article resting of biomedical devices that contain no drugs, we material tested.			
Rush Services: No Yes (will incur a 50% surcharge)	guidanio in dio i mai respond			
Rush services:   No   Fes (will incur a 50% surcharge)				
Report Format: PDF PDF and Paper Paper (Note: A fee will a	apply for paper copy of report.)			
TEST PROCEDURE				
List part(s) of the Test Article to be tested:				
2.50 part(s) or the restricted to be tested.				
Final intended use/application of Test Article:				
Final Intended Sterilization Method:				
Test Article: Pharmaceutical Medical Device				
Method: Pour Plate Membrane Filtration				
Bioburden Validation:	Bioburden Routine Testing:			
☐ Validation to be conducted by Pacific BioLabs (Check Method)	(check all that apply)			
Method: Spore Recovery Study (for sterile or near sterile samples)	Aerobic Bacteria			
Exhaustive Recovery (for samples with ≤300 and ≥100CFU)	☐ Fungi			
Validation Completed - PBL Report No.	Spores *(must indicate how product will be sterilized)			
Validation Declined (Please call PBL regarding testing parameters.)	☐ Anaerobes			
Microbial Confirmation Tests: (check all that apply)				
Bacterial Identification				
Yeast or Mold Identification				
Gram Stain Only				
Colony Morphology				

Page 2 of 3 Form No. PBLLSR bioburden-5.2©





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)				

Page 3 of 3 Form No. PBLLSR bioburden-5.2©