

LABORATORY SERVICE REQUEST (LSR) - ENVIRONMENTAL MONITORING SAMPLES

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:

SERVICE INFO

Regulatory Treatment: Non-regulatory cGMP

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

Would you like to receive Report Date Confirmation: Yes No

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

Test Procedure

Environmental monitoring samples collected by:

Client: (Date(s)/Technician): _____ Time Sampled: _____

PBL: (Date(s)/Technician): _____ Time Sampled: _____ Technician Time (hrs): _____ Travel Time (hrs): _____

Test:	<input type="checkbox"/> Incubation, Enumeration, and Reporting	<input type="checkbox"/> Isolation - Colony Morphology	<input type="checkbox"/> Isolation - Gram Stain
	<input type="checkbox"/> Microbial Identification	<input type="checkbox"/> TOC	<input type="checkbox"/> Conductivity
	<input type="checkbox"/> Heterotrophic Plate Count		

STORAGE: Incubate samples as soon as possible once collected, or keep at 2-8°C during shipment or transition up to 24hrs only.

No. Samples	Item/Media Type (Air Sample Strips, Fallout Plates, Contact Plates, Swabs, etc.)	Sample Identification (Please list each sample) (Please use the sample codes, locations or other identification that should appear on the final report)

Test Procedure (continued)

No. Samples	Item/Media Type (Air Sample Strips, Fallout Plates, Contact Plates, Swabs, etc.)	Sample Identification (Please list each sample) (Please use the sample codes, locations or other identification that should appear on the final report)

OTHER TESTS/SPECIAL INSTRUCTIONS:

The signature of the Sponsor (or Sponsor's representative) below is assurance that 1) the study is appropriate to the Sponsor's project goals and that no alternative *in vitro* or decreased *in vivo* animal use procedures are available to meet the stated purpose of the study, 2) the species chosen is appropriate to the stated purpose of the study and that use of alternative species has been considered, 3) the study is not an unnecessary duplication of previous work, and 4) the number of animals used is appropriate to establish biological or statistical significance as required by the study. The Sponsor also specifies that documentation for the above assurances may be obtained from the Sponsor.

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)