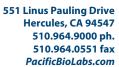


LABORATORY SERVICE REQUEST (LSR) - ENVIRONMENTAL MONITORING SAMPLES

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)	Invoice To: (Check Box if same as Sponsor)		
Contact Name:	AP Contact Name:		
Company Name:	ompany Name:		
Address:	dress:		
City/State/Zip:	lity/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:			
<u></u>	sampled: Technician Time (hrs): Travel Time (hrs):		
Test: Incubation, Enumeration, and Reporting	Isolation - Colony Morphology Isolation - Gram Stain		
Microbial Identification	TOC Conductivity		
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	Sample Identification (Please list each sample) (Please use the sample codes, locations or other identification that should appear on the final report)		

Page 1 of 2 Form No. PBLLSR EM-4.2©





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)	
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 <i>in vitro</i> or decreased <i>in vivo</i> 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 AUTHOR	IZED BY (Please Sign):	DATE:	
(Signature and date	or electronic signature is required for testing to begin: unsigned LSR fo	rms will not be processed)	

Page 2 of 2 Form No. PBLLSR EM-4.2©