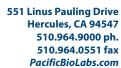


LABORATORY SERVICE REQUEST (LSR) - MICROBIAL IDENTIFICATION

CLIENT INFO							
					ng, analyses, and compliance. Fill in the 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:				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							
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:		
☐ Test Immediately	☐ Yes		Biohazard		Account:		
Other:	Schedul	e:	☐ Toxic		☐ Dispose in Municipal waste		
			Other:		☐ Dispose in hazardous waste		
SERVICE INFO							
Regulatory Treatment: Non-regulatory CGMP CLP							
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							
Test: 🗌 Bacteri	al ID [Mold ID	Yeast ID	Gram Stain	Colony Morphology		
TEST ARTICLE INFOR	RMATION	ı					
Number of Samples		Sample Identi		tification ¹	Other Instructions		

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TEST ARTICLE INFORMATION (continued)						
Number of Samples	Sample Identification ¹	Other Instructions				
1. Test Article Identification fo	or Final Report					
OTHER TESTS/SPECIAL INSTRI	UCTIONS:					
TESTING ALITHODIZED DV (DI		DATE				
TESTING AUTHORIZED BY (PI		DATE:				
(Signature and date, or electronic	signature is required for testing to begin; unsigned LSR forms will not	be processed)				

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