

LABORATORY SERVICE REQUEST (LSR) - STABILITY / SHELF LIFE

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:

Device 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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Sterility Status: Non-Sterile Sterile (Please indicate method) _____

Can Test Articles be cut? Yes No

SERVICE INFO

Regulatory Treatment: Non-regulatory cGMP

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

Reference Protocol Number (if applicable):

Stability Storage Duration/Shelf Life: _____

Temperature: _____ °C	_____ % Relative Humidity	Timepoints: _____
_____ °C	_____ % Relative Humidity	Timepoints: _____
_____ °C	_____ % Relative Humidity	Timepoints: _____

Tests at each time point:

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)