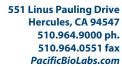




LABORATORY SERVICE REQUEST (LSR) - STERILIZATION VALIDATION

CLIENT INFO				
		amples requiring the same storage, handling, a ith sample(s). Initiation of sample analysis will		
Sponsor: (Send Report To)		Invoice To: (Check Box if same as Spo	Invoice To: (Check Box if same as Sponsor)	
Contact Name:		AP Contact Name:		
Company Name:		Company Name:		
Address:		Address:	Address:	
City/State/Zip:		City/State/Zip:	City/State/Zip:	
Country:		Country:	Country:	
Phone:		Fax:	Fax:	
Email:		·		
PBL Quote Number:		Client P.O. Number:	Client P.O. Number:	
TEST ARTICLE INFO		-		
Test Article ID (Please us	se the exact wording you want to ap	opear 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 arti	cle.)	
Physical Description:				
Device	Solid 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	
Other:		Reactive	Carrier:	
	Yes	☐ Biohazard	Account:	
	Schedule:	☐ Toxic	Dispose in Municipal waste	
		Other:	☐ Dispose in hazardous waste	

Page 1 of 2 Form No. PBLLSR Sterilization Validation - 2.2©





SERVICE INFO				
Regulatory Treatment:				
Complete the following section if GLP:				
GLP Stability Testing and Test Article Characterization (Certificate of Analysis):				
☐ Will be provided during study ☐ Will not be provided during study				
Note: GLP testing requires, by Federal regulation, accurate identification of the test and control articles (e.g., a lot number, batch number or sample code) that allows unambiguous traceability of the tested material. GLP testing also requires that the testing laboratory document characterization of the test and control articles for stability, strength, purity, and composition, or other characteristics which will appropriately define the test or control article. This information is typically provided by the Sponsor and is required for each batch of test or control article tested; this documentation is often in the form of a Certificate of Analysis (C of A). For testing of biomedical devices that contain no drugs, Pacific BioLabs requires documentation of the identity, composition, and stability of the material tested. Failure to provide this information will be noted as noncompliance with GLP regulations in the Final Report.				
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 Purpose:				
METHOD				
☐ Vacuum Method				
Half Cycle (°C, min) Dry Time Validation				
☐ Full Cycle (°C, min) Dry Time:				
Gravity Displacement Method				
Half Cycle (°C, min) Dry Time Validation				
☐ Full Cycle (°C, min) Dry Time:				
Other:				
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)				

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