

LABORATORY SERVICE REQUEST (LSR) - SUPPLY ORDER

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: (Ship 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:

SUPPLIES/DELIVERY INFO

Delivery Due Date:

Carrier:

Account #:

Method of Delivery:

GROUND

2nd DAY

NEXT DAY

OTHER:

Please indicate the quantity of each item that you need

Environmental Monitoring Supplies:

- Fallout Plate (sold in package of 10 plates)→ TSA: _____ SDA: _____ Other: _____
- Contact Plate (sold in package of 10 plates)→ DE: _____ TSA: _____ SDA: _____ Other: _____
- Biotest™ Air Sampler Strips→TSA: _____ Rose Bengal: _____ SDA: _____ Other: _____
- Sterile Buffer Solution with sterile Swab: _____
- Sterile Specimen Cups, 120mL _____
- Sterile Non-pyrogenic Tubes, 15 mL (LAL) _____
- Polycarbonate Bottles, 1 Liter (Water Monograph) _____
- Vials, 40 mL (TOC) _____

Additional items not listed:

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)