PBL Pacific BioLabs
The Service Leader in Bioscience Testing

551 Linus Pauling Drive
Hercules, CA 94547
510.964.9000 ph.
510.964.0551 fax
PacificBioLabs.com

ANALYTICAL SERVICE REQUEST FORM

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:**
Contact Name:	AP Contact Name:
Company Name:	Company Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Country:	Country:
Phone:	Invoice to Email:
Email:	AP Email:
PBL Quote Number:	AP Phone:
PO Number:	☐ Credit Card to be used for payment

TEST ARTICLE INFO

Physical Description:

☐ Solid Lyophilized? ☐ No ☐ Yes Reconstitution Instruction:

☐ Liquid Solvent: _____

☐ Device ☐ Gel ☐ 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)*
☐ Room Temperature	☐ No	☐ Not Hazardous	☐ Return to Sender
☐ 2 to 8°C		☐ Reactive	Carrier: _____
☐ -10 to -25°C	☐ Yes	☐ Biohazard	Account: _____
☐ -60 to -90°C	Schedule: _____	☐ Toxic	☐ Dispose in Municipal waste
		☐ Other:	☐ Dispose in hazardous waste

1) Test Article ID (Please use the exact wording you want to appear in the final report.)

Lot #:	Sample Code:	Manufacturer:	Expiration Date:
Analysis Requested		Amount of Sample Sent	

2) Test Article ID (Please use the exact wording you want to appear in the final report.)

Lot #:	Sample Code:	Manufacturer:	Expiration Date:
Analysis Requested		Amount of Sample Sent	

3) Test Article ID (Please use the exact wording you want to appear in the final report.)

Lot #:	Sample Code:	Manufacturer:	Expiration Date:
Analysis Requested		Amount of Sample Sent	

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4) Test Article ID (Please use the exact wording you want to appear in the final report.)

Lot #:	Sample Code:	Manufacturer:	Expiration Date:
Analysis Requested		Amount of Sample Sent	

5) Test Article ID (Please use the exact wording you want to appear in the final report.)

Lot #:	Sample Code:	Manufacturer:	Expiration Date:
Analysis Requested		Amount of Sample Sent	

6) Test Article ID (Please use the exact wording you want to appear in the final report.)

Lot #:	Sample Code:	Manufacturer:	Expiration Date:
Analysis Requested		Amount of Sample Sent	

SERVICE INFO

RUSH Service: ☐ Yes (will incur a surcharge fee) ☐ No

Regulatory Treatment:

☐ Non-regulatory (Work to be performed is intended for non cGMP/GLP purposes and does not require signed methods, validated equipment, monitored storage, sample inventory, formal review of raw data and reports, or archiving of raw data and reports according to PBL SOPs.)

☐ cGMP (Check the corresponding Reference Guidance below, if applicable)

☐ USP (Compendial Test) ☐ ISO (For medical device characterization)

☐ GLP (A signed protocol is required.)

Regulatory Compliance Needed **(GLP only)**: ☐ FDA ☐ European Union ☐ Other: _____

Purpose of Testing: ☐ 510K ☐ Other: _____

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

Report Format: ☐ PDF (No Charge) ☐ Paper ☐ Paper and PDF ($6.00 charge for paper copy)

NOTES/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)