

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: | <input type="checkbox"/> 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: <input type="checkbox"/> Room Temperature <input type="checkbox"/> 2 to 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -90°C | Controlled Substance: <input type="checkbox"/> No <input type="checkbox"/> Yes Schedule: _____ | Hazardous: <i>(include MSDS if samples are hazardous, client will incur charges for disposal of hazards.)</i> <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) <i>(Samples will be discarded 30 days after report unless otherwise indicated)</i> <input type="checkbox"/> Return to Sender Carrier: _____ Account: _____ <input type="checkbox"/> Dispose in Municipal waste <input type="checkbox"/> 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 | |

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: | <input type="checkbox"/> Yes (will incur a surcharge fee) <input type="checkbox"/> No | | |
| Regulatory Treatment: | <input type="checkbox"/> 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.) | | |
| | <input type="checkbox"/> cGMP (Check the corresponding Reference Guidance below, if applicable) | | |
| | <input type="checkbox"/> USP (Compendial Test) | <input type="checkbox"/> ISO (For medical device characterization) | |
| | <input type="checkbox"/> GLP (A signed protocol is required.) | | |
| Regulatory Compliance Needed (GLP only): | <input type="checkbox"/> FDA | <input type="checkbox"/> European Union | <input type="checkbox"/> Other: _____ |
| Purpose of Testing: | <input type="checkbox"/> 510K | <input type="checkbox"/> Other: _____ | |
| <p>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.</p> <p>Failure to provide this information will be noted as noncompliance with GLP regulations in the Final Report</p> | | | |

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

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| 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)