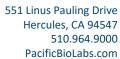


## **ANALYTICAL SERVICE REQUEST FORM**

CLIENT INFO								
( <b>Instructions</b> : Use ONE form form as completely as possibl								
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:	Controlle			SDS if samples are hazardous, client will (Sampl		(Samples wil	ole Disposition: (Check one box) les will be discarded 30 days after report unless ise indicated)	
Room Temperature	☐ No	] No		ot Hazardous		Return to Sender		
☐ 2 to 8°C		☐ Read		Reactive		Carrier:		
-10 to -25°C	_	_		hazard		Account:		
☐ -60 to -90°C	Schedule	e:	☐ Toxi			_	ose in Municipal waste	
Other: Dispose in hazardous waste							ose III liazardous waste	
1) Test Article ID (Please use the exact wording you want to appear in the final report.)								
Lot #: Sample Code:					Manufacturer: Expiration Date:		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		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 t	he exact wording you want to appear in the fi	nal report.)			
Lot #:	Sample Code:	Manufacturer:	Expiration Date:		
Analysis Requested		Amount of Sample Sent			
5) Test Article ID (Please use t	he exact wording you want to appear in the fi	nal report.)			
_ot #: Sample Code:		Manufacturer:	Expiration Date:		
Analysis Requested		Amount of Sample Sent			
6) Test Article ID (Please use t	he exact wording you want to appear in the fi	nal 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:	(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 Refe	rence Guidance below, if applicable) npendial Test)	ISO (For medical device characterization)		
	GLP (A signed protocol is required.)		,		
Regulatory Compliance Nee	ded <b>(GLP only)</b> :	_ ·	Other:		
Purpose of Testing:	☐ 510K	_	Other:		
unambiguous traceability of the test strength, purity, and composition, and is required for each batch of te that contain no drugs, Pacific BioLa	or other characteristics which will appropriate	te testing laboratory document character ly define the test or control article. This ir in is often in the form of a Certificate of Ar mposition, and stability of the material te	ization of the test and control articles for stability, iformation is typically provided by the Sponsor lalysis (C of A). For testing of biomedical devices		
Report Format: PDF (No	o Charge) 🔲 Paper 🔲 Pape	r and PDF (\$6.00 charge for pape	r copy)		
NOTES/SPECIAL INSTRUCTION	DNS:				
TESTING AUTHORIZED BY (F	Please Sign):		DATE:		
(Signature and date, or electronic	c signature is required for testing to begin;	unsigned LSR forms will not be proces	sed)		