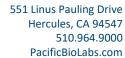


LABORATORY SERVICE REQUEST (LSR) - USP CLASS PLASTICS

CLIENT INFO			
		mples requiring the same storage, handling, th sample(s). Initiation of sample analysis will	
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	
TECT ADTICLE INFO		<u> </u>	
TEST ARTICLE INFO	e the exact wording you want to ap		
Latherina			
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 art	icle.)
Physical Description:			
Device	Solid Liquid	☐ Powder ☐ 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	☐ Discard
2 to 8°C		☐ Reactive	Hazardous Waste Municipal Waste
☐ -10 to -25°C	Yes	☐ Biohazard	☐ Return Unused
☐ -60 to -90°C	Schedule:	☐ Toxic	Return All
		Other:	Carrier:
			Account:



TEST ARTICLE INFO (CONT.)				
List part(s) of the Test Article that should be tested:				
List part(s) of the Test Article that should be excluded:				
Final intended use/application of Test Article?:				
Can Test Article be cut?				
Sterility Status: Non-Sterile Sterile (Please indicate method)				
Extraction Conditions:				
☐ 121°C for 1 hr ☐ 70°C for 24 hrs ☐ 50°C for 72 hrs ☐ Other:				
Surface Area of one device (cm²): Thickness (mm):				
ISO 10993-12, The standard surface area can be used to determine the volume of extraction vehicle needed. This area includes the combined area of both sides of the sample and excludes indeterminate surface irregularities. When surface area cannot be determined due to the configuration of the sample, a mass/volume of extracting fluid shall be used. Unusually complex surface area calculations that are to be performed by PBL may incur additional charges. Extraction of large samples may incur additional media charges.				
The extraction ratios are selected based on the thickness of the sample to be tested. Please use the following criteria to select the proper extraction ratio (ISO 10993-12):				
\square 3 cm ² / 1 mL for samples \ge 0.5mm thick				
6 cm ² / 1 mL for samples < 0.5mm thick				
SERVICE INFO				
Regulatory Treatment: Non-regulatory CGMP CLP				
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				
CLASS PLASTICS TESTS - USP				
☐ Class I				
☐ Class II				
☐ Class III				
☐ Class IV				
Class V				
Class v				
☐ Class VI				





OTHER TESTS/SPECIAL INSTRUCTIONS:					
The signature of the Sponsor (or Sponsor's representative) below is assurance that `	1) the study is appropriate to the Sponsor's project				
goals and that no alternative in vitro or decreased in vivo animal use procedures are available to meet the stated purpose of the study, 2)					
the species chosen is appropriate to the stated purpose of the study and that use of					
is not an unnecessary duplication of previous work, and 4) the number of animals u significance as required by the study. The Sponsor also specifies that documentation					
Significance as required by the study. The Sponsor also specifies that documentation and specifies that documentation is specified by the study.	on for the above assurances may be obtained from the				
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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