

**TOXIN SERVICE REQUEST FORM**

**CLIENT INFO**

(**Instructions:** Use ONE form for each group of similar samples requiring the same 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.)

<b>Sponsor: (Send Report To)</b>	<b>Invoice To:</b>
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**

<b>1) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>	
Lot Number:	PBL Toxin ID: _____	Storage Condition at PBL:
Other Identifier:	Date Received: _____	<input type="checkbox"/> 2 - 8°C
Expiration Date:	Location ID #: _____	<input type="checkbox"/> -10 to -25°C
Quantity of Test Article Submitted:		<input type="checkbox"/> -60 to -80°C
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid		
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C		
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	PBL Personnel Initials/Date: _____	

<b>2) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>	
Lot Number:	PBL Toxin ID: _____	Storage Condition at PBL:
Other Identifier:	Date Received: _____	<input type="checkbox"/> 2 - 8°C
Expiration Date:	Location ID #: _____	<input type="checkbox"/> -10 to -25°C
Quantity of Test Article Submitted:		<input type="checkbox"/> -60 to -80°C
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid		
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C		
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	PBL Personnel Initials/Date: _____	

<b>3) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>	
Lot Number:	PBL Toxin ID: _____	Storage Condition at PBL:
Other Identifier:	Date Received: _____	<input type="checkbox"/> 2 - 8°C
Expiration Date:	Location ID #: _____	<input type="checkbox"/> -10 to -25°C
Quantity of Test Article Submitted:		<input type="checkbox"/> -60 to -80°C
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid		
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C		
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	PBL Personnel Initials/Date: _____	

<b>TEST ARTICLE INFO (continued)</b>	
<b>4) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>
Lot Number:	PBL Toxin ID: _____
Other Identifier:	Date Received: _____
Expiration Date:	Location ID #: _____
Quantity of Test Article Submitted:	
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid	
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C	
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	
	PBL Personnel Initials/Date: _____
<b>5) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>
Lot Number:	PBL Toxin ID: _____
Other Identifier:	Date Received: _____
Expiration Date:	Location ID #: _____
Quantity of Test Article Submitted:	
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid	
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C	
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	
	PBL Personnel Initials/Date: _____
<b>6) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>
Lot Number:	PBL Toxin ID: _____
Other Identifier:	Date Received: _____
Expiration Date:	Location ID #: _____
Quantity of Test Article Submitted:	
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid	
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C	
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	
	PBL Personnel Initials/Date: _____
<b>7) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>
Lot Number:	PBL Toxin ID: _____
Other Identifier:	Date Received: _____
Expiration Date:	Location ID #: _____
Quantity of Test Article Submitted:	
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid	
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C	
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	
	PBL Personnel Initials/Date: _____
<b>8) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>
Lot Number:	PBL Toxin ID: _____
Other Identifier:	Date Received: _____
Expiration Date:	Location ID #: _____
Quantity of Test Article Submitted:	
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid	
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C	
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	
	PBL Personnel Initials/Date: _____

<b>9) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>	
Lot Number:	PBL Toxin ID: _____	Storage Condition at PBL:
Other Identifier:	Date Received: _____	<input type="checkbox"/> 2 - 8°C
Expiration Date:	Location ID #: _____	<input type="checkbox"/> -10 to -25°C
Quantity of Test Article Submitted:		<input type="checkbox"/> -60 to -80°C
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid		
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C		
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	PBL Personnel Initials/Date: _____	

<b>10) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>	
Lot Number:	PBL Toxin ID: _____	Storage Condition at PBL:
Other Identifier:	Date Received: _____	<input type="checkbox"/> 2 - 8°C
Expiration Date:	Location ID #: _____	<input type="checkbox"/> -10 to -25°C
Quantity of Test Article Submitted:		<input type="checkbox"/> -60 to -80°C
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid		
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C		
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	PBL Personnel Initials/Date: _____	

<b>11) Test Article ID</b> (Please use the exact wording you want to appear in the final report.)	<i>For Pacific BioLabs (PBL) Use Only</i>	
Lot Number:	PBL Toxin ID: _____	Storage Condition at PBL:
Other Identifier:	Date Received: _____	<input type="checkbox"/> 2 - 8°C
Expiration Date:	Location ID #: _____	<input type="checkbox"/> -10 to -25°C
Quantity of Test Article Submitted:		<input type="checkbox"/> -60 to -80°C
Physical Description: <input type="checkbox"/> Powder <input type="checkbox"/> Liquid		
Storage Condition: <input type="checkbox"/> 2 - 8°C <input type="checkbox"/> -10 to -25°C <input type="checkbox"/> -60 to -80°C		
Hazardous: <input type="checkbox"/> Toxic <input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	PBL Personnel Initials/Date: _____	

**SERVICE INFO**

Regulatory Treatment: <input type="checkbox"/> Non-regulatory <input type="checkbox"/> GMP <input type="checkbox"/> GLP
Rush Services: <input type="checkbox"/> No <input type="checkbox"/> Yes (will incur an additional surcharge)
Report Format: <input type="checkbox"/> PDF <input type="checkbox"/> Paper

NOTES/SPECIAL INSTRUCTIONS:	
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TESTING AUTHORIZED BY (Please Sign): _____	DATE: _____
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**(Signature and date, or electronic signature is required for testing to begin; unsigned LSR forms will not be processed)**