PACIFIC BIOLABS
The Service Leader in Life Science Testing

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

LABORATORY SERVICE REQUEST (LSR) - Antimicrobial Effectiveness Test

CLIENT INFORMATION	
Instructions: Submit the form along with sample(s). Initiation of sample analysis will be delayed if form is not complete.	
PBL Quote Number:	**PO Number:** *Credit Card to be used for payment* ☐
Sponsor *(send report to)*:	**Invoice To:** *Check box if same as sponsor* ☐
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:

SERVICE INFORMATION

Regulatory Treatment: ☐ Non-regulatory ☐ cGMP ☐ GLP **Rush Service** *(will incur a surcharge)*: ☐ YES ☐ NO

Suitability (required by GMP regulations):

☐ Suitability Completed*

☐ Suitability Declined (please specify testing parameters in the special instructions)

☐ Suitability to be conducted by Pacific BioLabs (Sterile samples required for B&F/Validation test. Sample packaging will not be included unless specified in special instructions)

Method: ☐ USP ☐ AAMI ☐ Other

SAMPLE INFORMATION

Sample 1 Identification Please use the exact wording you want to appear in the final report.	**Quantity of Samples Submitted** Please indicate the number of units, volume, and/or weight of samples.
Lot Number:	Part Number:
Other Identifier:	Expiration Date:
Physical Description: ☐ Device ☐ Solid ☐ Liquid ☐ Gel ☐ Other:	
*Suitability - PBL Report Number:	Guideline Number:

Sample 2 Identification Please use the exact wording you want to appear in the final report.	**Quantity of Samples Submitted** Please indicate the number of units, volume, and/or weight of samples.
Lot Number:	Part Number:
Other Identifier:	Expiration Date:
Physical Description: ☐ Device ☐ Solid ☐ Liquid ☐ Gel ☐ Other:	
*Suitability - PBL Report Number:	Guideline Number:

Sample 3 Identification Please use the exact wording you want to appear in the final report.	**Quantity of Samples Submitted** Please indicate the number of units, volume, and/or weight of samples.
Lot Number:	Part Number:
Other Identifier:	Expiration Date:
Physical Description: ☐ Device ☐ Solid ☐ Liquid ☐ Gel ☐ Other:	
*Suitability - PBL Report Number:	Guideline Number:

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Sample 4 Identification Please use the exact wording you want to appear in the final report.	**Quantity of Samples Submitted** Please indicate the number of units, volume, and/or weight of samples.
Lot Number:	Part Number:
Other Identifier:	Expiration Date:
Physical Description: ☐ Device ☐ Solid ☐ Liquid ☐ Gel ☐ Other:	
*Suitability - PBL Report Number:	Guideline Number:

Sample 5 Identification Please use the exact wording you want to appear in the final report.	**Quantity of Samples Submitted** Please indicate the number of units, volume, and/or weight of samples.
Lot Number:	Part Number:
Other Identifier:	Expiration Date:
Physical Description: ☐ Device ☐ Solid ☐ Liquid ☐ Gel ☐ Other:	
*Suitability - PBL Report Number:	Guideline Number:

Storage Condition	**Controlled Substance**	**Hazardous**	**Sample Disposition**
☐ Room Temperature ☐ 2 to 8C ☐ -10 to -25C ☐ -60 to -90C	☐ No ☐ Yes Schedule: NDC #: Concentration:	*Include MSDS if samples are hazardous. A fee will apply for disposal of hazardous samples.* ☐ Not Hazardous ☐ Reactive ☐ Biohazard ☐ Toxic ☐ Other:	*Samples will be discarded per PBL SOP unless otherwise indicated.* ☐ Return UNTESTED Samples to Client ☐ Return TESTED Samples to Client *(must be preapproved by PBL)* *If return address is different than Client address above, indicate address in Special Instructions below.* Carrier: Account: Dispose in: ☐ municipal waste ☐ hazardous waste

TEST METHOD AND PRODUCT CATEGORY

Please note test article samples must have low bioburden so it does not compete with inoculated microorganism. 110 grams or mL are needed for routine testing and 25 grams or mL are needed for validation testing.

USP Category

- ☐ USP 1: Injections, other parenterals including emulsions, otic products, sterile nasal products, and ophthalmic products
- ☐ USP 2: Topically used products made with aqueous bases or vehicles, nonsterile nasal products and emulsions, including those applied to mucous membranes
- ☐ USP 3: Oral products other than antacids, made with aqueous bases or vehicles
- ☐ USP 4: Antacids made with an aqueous base

☐ **Modified** *(specify client organisms and or time points, if any):*

EP Category - ☐ Criteria A ☐ Criteria B ☐ Criteria A and B

- ☐ EP 1: Parenteral preparations, eye preparations, intrauterine preparations and intramammary preparations
- ☐ EP 2: Ear preparations, nasal preparations, preparations for cutaneous application and preparations for inhalation
- ☐ EP 3: Oral preparations*, oromucosal preparations and rectal preparations

**additional organisms required for samples with high concentration of sugar, please specify in Special Instructions below.*

OTHER TESTS/SPECIAL INSTRUCTIONS

Note that samples will be reported separately per lot unless otherwise indicated.

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)