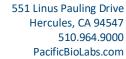


LABORATORY SERVICE REQUEST (LSR) - Antimicrobial Effectiveness Test

CLIENT INFORMATION							
Instructions: Submit the form along with sample(s). Initiation of sa	ample analysis will l	pe 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 Nan	ne:					
Company Name:	Company Name	2:					
Address:	Address:						
City/State/Zip:	City/State/Zip:						
Country:	Country:						
Phone:	Invoice To Emai	il:					
Email:	AP Email:	AP Email:					
SERVICE INFORMATION							
Regulatory Treatment: Non-regulatory CGMP	GLP Rush S	ervice (will incur a surcharge):					
Suitability Declined (please specify testing parameters in the Suitability to be conducted by Pacific BioLabs (Sterile samp unless specified in special instructions) Method: USP AAMI Other							
Sample 1 Identification Please use the exact wording you want to appe	aar in tha final ranget	Quantity of Samples Submitted					
	I						
Lot Number:	Part Number:						
Other Identifier:		Expiration Date:					
	Gel Other:						
	iideline Number:	0 (0 1 01)					
Sample 2 Identification Please use the exact wording you want to appe	ear 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: Gu	ideline Number:						
Sample 3 Identification Please use the exact wording you want to appear	ear 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:	ner Identifier: Expiration Date:						
Physical Description: Device Solid Liquid	Gel Other:						
*Suitability - PBL Report Number: Gu	ideline Number:						

Page 1 of 2 Form No. PBLLSR AET-5.0©





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 I	Number:	1		
Other Identifier: Expiration Date:						:		
Physical Description: Device Solid Liquid Gel Other:								
*Suitability - PBL Report Number: Guideline Number:								
						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	t Number:			Guideline	Number:			
Storage Condition	Controlled S	ubstance		Hazardous		Sample Disposition		
Room Temperature	□ No Include MSDS if samples a			,				
2 to 8C	☐ Yes			A fee will apply for disposal of hazardous samples.		Return UNTESTED Samples to Client		
10 to -25C	Schodulo:			Not Hazardous		Return TESTED Samples to Client (must be preapproved by PBL)		
☐ -60 to -90C	NDC #:			Reactive		If return address is different than Client address above,		
	Concentration	n:	Bioha	azard		indicate address in Special Instructions below.		
			Toxic			Carrier:		
			Other:			Account: Dispose in: municipal waste hazardous waste		
TEST METHOD AND PRO								
Please note test article s 110 grams or mL are ne						e with inoculated microorganism.		
110 grams or mL are ne	eaea jor routi	ne testing	ana 25 gr	ams or mL (are neeaea	jor validation testing.		
USP Category - Criteria A Criteria B Criteria A and B								
USP 1: Injections, other parenterals including emulsions, otic products, sterile nasal								
products, and ophthalmic products intramammary preparations								
USP 2: Topically used products made with aqueous bases or vehicles, nonsterile nasal products and emulsions, including those applied to mucous membranes application and preparations for inhalation								
USP 3: Oral products other than antacids, made with aqueous bases or vehicles USP 3: Oral preparations*, oromucosal preparations and rectal preparations								
USP 4: Antacids made with an aqueous base *additional organisms required						ndditional organisms required for samples with high concentration of sugar, lease specify in Special Instructions below.		
Modified (specify client organisms and or time points, if any):								
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)

Page 2 of 2 Form No. PBLLSR AET-5.0©