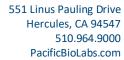


## LABORATORY SERVICE REQUEST (LSR) - Bioburden (ISO)

CLIENT INFORMATION								
Instructions: Submit the form along with sample(s). Initiation	of sar	nple analys	is will b	e delayed if form is not complete.				
PBL Quote Number:	umber: PO Nui		O Number: Cre		dit Card to be used for payment 🗌			
nsor (send report to):		Invoice To:		Ch	eck box if s	same as sponsor 🗌		
Contact Name:		AP Conta	ct Nam	e:				
Company Name:		Company	/ Name	:				
Address:			Address:					
City/State/Zip: City			City/State/Zip:					
Country:	Country:							
Phone: Invoice			nvoice To Email:					
Email:	AP Email			Email:				
SERVICE INFORMATION								
Regulatory Treatment: Non-regulatory cGMP	Пе	SLP <b>F</b>	Rush Se	ervice (will incur a surcharge):	☐YES [	□NO		
<ul> <li>☐ Suitability Completed*</li> <li>☐ Suitability Declined (please specify testing parameters</li> <li>☐ Suitability to be conducted by Pacific BioLabs (Sterile sayspecified in special instructions) Complete the suitability</li> </ul>	ample	es required	d for Su	itability test. Sample packaging	will not be	e included unless		
DEVICE INFORMATION								
Lot Number:		Part Num	ber:					
Other Identifier:			n Date:					
Physical Description: Device Solid Liquid	Pc	wder 🗌	Gel [	Other:				
*Suitability - PBL Report Number:	Guid	deline Nun	nber:					
Sample 2 Identification Please use the exact wording you want to	арреа	r in the final		<b>Quantity of Samples Submitte</b> Please indicate the number of units, w		r weight of samples.		
Lot Number:		Part Num	ber:					
Other Identifier:		Expiration	n Date:					
Physical Description: Device Solid Liquid	☐ Pc	wder 🗌	Gel [	Other:				
*Suitability - PBL Report Number:	Guid	deline Nun	nber:					
Sample 3 Identification Please use the exact wording you want to	appea	ir in the final		Quantity of Samples Submitte Please indicate the number of units, vo		r weight of samples.		
Lot Number:		Part Num	ber:					
Other Identifier:		Expiration Date:						
Physical Description: Device Solid Liquid	☐ Pc	wder 🗌	Gel [	Other:				
*Suitability - PBI Report Number	Guid	deline Nun	nber <sup>.</sup>					

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Sample 4 Identification	Please use the exact wording	you want to appea	r in the final report.	Quantity of Samples Submitted Please indicate the number of units, volume, and/or weight of samples.				
Lot Number:			Part Number:					
			Expiration Date:					
				☐ Gel ☐ Other:				
*Suitability - PBL Report			deline Number:					
Storage Condition  Room Temperature  2 to 8C  -10 to -25C  -60 to -90C	Controlled Substance  No Yes Schedule: NDC #: Concentration:	Hazardous Include MSDS if so A fee will apply fo hazardous sample Not Hazard Reactive Biohazard	amples are hazardous. or disposal of es. lous	Sample Disposition 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.				
		Toxic Other:		Carrier: Account: Dispose in:  municipal waste hazardous waste				
TESTING REQUIRED								
List part(s) of the Sample to be tested:  Final Intended Sterilization Method/Dose:  Final Intended Use/Application of Sample:  Test Article: Pharmaceutical Medical Device  Method: Pour Plate Membrane Filtration								
Bioburden Validation (I	SO/AAMI)		Bioburde	en Routine Testing (check all that apply)				
Aerobic Bacteria/Fungi  Spores (must indicate sterilization method above)  Anaerobes  Liquids/Powders  Validation to be conducted by Pacific BioLabs  Medical Devices  Validation to be conducted by Pacific BioLabs Method:  Spore Recovery Study (For sterile or near sterile samples)  Exhaustive Recovery (For samples with ≤300 and ≥100 CF			Spore Anaer Verific	☐ Aerobic Bacteria/Fungi ☐ Spores (must indicate sterilization method above) ☐ Anaerobes ☐ Verification Dose Calculation				
Microbial Confirmation Tests (check all that apply, include quantity of each test)								
Bacterial ID, Qty.	Yeast/Mold ID	, Qty.	Gram Stain/	Colony Morphology, Qty.				
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)

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