

**LABORATORY SERVICE REQUEST (LSR) – Sample Item Portion (SIP)**

**CLIENT INFORMATION**

**Instructions: Submit the form along with sample(s). Initiation of sample analysis will be delayed if form is not complete.**

<b>PBL Quote Number:</b>	<b>PO Number:</b> <span style="float: right;"><i>Credit Card to be used for payment</i> <input type="checkbox"/></span>
<b>Sponsor (send report to):</b>	<b>Invoice To:</b> <span style="float: right;"><i>Check box if same as sponsor</i> <input type="checkbox"/></span>
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

**DEVICE INFORMATION**

<b>Sample Identification</b> Please use the exact wording you want to appear in the final report.	<b>Quantity of Samples Submitted</b> Please indicate the number of units, volume, and/or weight of samples.
Lot Number:	Part Number:
Other Identifier:	Expiration Date:
Physical Description: <input type="checkbox"/> Device <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Gel <input type="checkbox"/> Other:	
Guideline Number:	

<b>Storage Condition</b> <input type="checkbox"/> Room Temperature <input type="checkbox"/> 2 to 8C <input type="checkbox"/> -10 to -25C <input type="checkbox"/> -60 to -90C	<b>Controlled Substance</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Schedule: NDC #: Concentration:	<b>Hazardous</b> <i>Include MSDS if samples are hazardous.                  A fee will apply for disposal of hazardous samples.</i> <input type="checkbox"/> Not Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other:
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**SAMPLE ITEM PORTION**

Sterilizer and Address:  
 Carrier: Account Number:  
 Method of Delivery:  GROUND  2nd DAY  NEXT DAY

*Please note that PBL can only generate FedEx Labels. If using other carrier, sponsor will need to work with PBL to schedule shipment.*

**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)*