

LABORATORY SERVICE REQUEST (LSR) – Supply Order

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:	<i>Credit Card to be used for payment</i> <input type="checkbox"/>
Sponsor (send report to):	Invoice To:	<i>Check box if same as sponsor</i> <input type="checkbox"/>
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:	

SUPPLIES/DELIVERY INFORMATION

Expected Use Date:

Carrier: _____ Account Number: _____

Method of Delivery: GROUND 2nd DAY NEXT DAY OTHER:

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

ENVIRONMENTAL MONITORING SUPPLIES - please Indicate quantity of each item

Settle Plate (sold in package of 10 plates) ⇒ TSA: _____ SDA: _____

Contact Plate (sold in package of 10 plates) ⇒ DE: _____ TSA: _____

Sterile Buffer Solution with Sterile Swab: _____

Sterile Specimen Cups, 120mL: _____

Sterile Non-pyrogenic Tubes, 15 mL (LAL): _____

Polycarbonate Bottles, 1 Liter (Water Monograph): _____

Vials, 40 mL (TOC): _____

Vials, 30 mL Duct TOC and Conductivity: _____

Additional Item(s): _____

OTHER TESTS/SPECIAL INSTRUCTIONS

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)