

LABORATORY SERVICE REQUEST (LSR) – Bacterial Endotoxin (LAL) – Kinetic Chromogenic

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 <input type="checkbox"/>
Sponsor (send report to):	Invoice To: Check box if same as sponsor <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:

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 (for powders unable to dissolve in water specify solvent and testing concentrations, for liquids and devices specify testing dilutions, in the Special Instructions)
 Suitability to be conducted by Pacific BioLabs. Complete the validation section on the second page.

DEVICE 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: <input type="checkbox"/> Device <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Gel <input type="checkbox"/> Other:	
*Suitability - PBL Report Number:	Guideline Number: Endotoxin Limit:
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: <input type="checkbox"/> Device <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Gel <input type="checkbox"/> Other:	
*Suitability - PBL Report Number:	Guideline Number: Endotoxin Limit:
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: <input type="checkbox"/> Device <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Gel <input type="checkbox"/> Other:	
*Suitability - PBL Report Number:	Guideline Number: Endotoxin Limit:

Storage Condition <input type="checkbox"/> Room Temperature <input type="checkbox"/> 2 to 8C <input type="checkbox"/> -10 to -25C <input type="checkbox"/> -60 to -90C	Controlled Substance <input type="checkbox"/> No <input type="checkbox"/> Yes Schedule: NDC #: Concentration:	Hazardous <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:	Medical Device Sample Disposition <i>Samples will be discarded per PBL SOP unless otherwise indicated.</i> <input type="checkbox"/> Return UNTESTED Samples to Client <input type="checkbox"/> Return TESTED Samples to Client <i>(must be preapproved by PBL)</i> <i>If return address is different than Client address above, indicate address in Special Instructions below.</i> Carrier: Account: Dispose in: <input type="checkbox"/> municipal waste <input type="checkbox"/> hazardous waste
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

List part(s) of the Sample to be tested:

List part(s) of the Sample to be excluded:

Final Intended Use/Application of Sample:

Can this sample be cut? YES NO

Sterility Status: Non-Sterile Sterile *(please indicate method)*:

VALIDATION

Validation to be conducted by Pacific BioLabs *(check method and specify limit)*:
 Method: Liquid Powder* Device-Immersion Device-Exhaustive Fluid Path
 Specify Endotoxin Limit:
 Check number of lots to be validated: One Lot Two Lots Three Lots
 *If powder does not dissolve in water, specify solvent: _____ Concentration/dilution: _____

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)