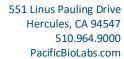
Form No. PBLLSR STERILITY ASSURANCE 7.1©



## LABORATORY SERVICE REQUEST (LSR) - Sterility Assurance

CLIENT INFORMATION		
Instructions: Submit the form along with sample(s). Initiation of san	nple analysis will b	e 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 Nam	e:
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 GMP GLP Rush Service (will incur a surcharge): YES NO  Suitability (required by GMP regulations): Suitability Completed* Suitability Declined (please specify testing parameters in the Special Instructions) Suitability to be conducted by Pacific BioLabs (Sterile samples required for B&F/Validation test. Sample packaging will not be included unless specified in special instructions) Method: USP AAMI Other  SAMPLE 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: Device Solid Liquid G	el 🗌 Other:	
Controlled Substance: No Yes Schedule:	NDC #:	Concentration:
Hazardous: NOT Hazardous Reactive Biohaza	ard Toxic	Other:
*Suitability - PBL Report Number: Guid	deline Number:	
Sample 2 Identification Please use the exact wording you want to appear	r 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: Device Solid Liquid G	el 🗌 Other:	
Controlled Substance: No Yes Schedule:	NDC #:	Concentration:
Hazardous: NOT Hazardous Reactive Biohaza	ard Toxic	Other:
*Suitability - PBL Report Number: Guid	deline Number:	





Sample 3 Identification Please use the exact wording you want to appear in the final report.  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:			
Controlled Substance: No Yes Schedule: NDC #: Concentration:			
Hazardous: NOT Hazardous Reactive Biohazard Toxic Other:			
*Suitability - PBL Report Number: Guideline Number:			
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 Number:			
Other Identifier: Expiration Date:			
Physical Description: Device Solid Liquid Gel Other:			
Controlled Substance: No Yes Schedule: NDC #: Concentration:			
Hazardous: NOT Hazardous Reactive Biohazard Toxic Other:			
*Suitability - PBL Report Number: Guideline Number:			
Sample Disposition  ☐ Room Temperature ☐ 2 to 8C ☐ -10 to -25C ☐ Return TESTED Samples to Client ☐ -60 to -90C ☐ If return address is different than Client address above, indicate address in Special Instructions below.  Carrier: Account: Dispose in: ☐ municipal waste ☐ hazardous waste			
TESTING REQUIRED			
Test Article: Device Parenteral Antibiotic Ophthalmic/Other Non-injectable Preparation Other  Method: Direct Transfer Membrane Filtration			
Purpose of Testing:  Quarterly Dose Audit Verification Dose Lot Release Other			
Method of Sterilization (MUST check one): Radiation EO Filtration Steam Other			
Routine Testing			
Sterility Audit - USP (SCDM and FTM Media)  Production Lot Size:  Volume per Container:  Sterility Audit - AAMI (SCDM Media)  Biological Indicator Testing – Certificate of Analysis for the lot being sent must be attached			
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)