

## LABORATORY SERVICE REQUEST (LSR) – Environmental Monitoring

CLIENT INFORMATION			
<b>Instructions:</b> Submit the form along with sample(s). Initiation of sample analysis will be delayed if form is not complete.			
PBL Quote Number:		PO Number:	<input type="checkbox"/> Credit Card to be used for payment
Sponsor (send report to):		Invoice To:	<input type="checkbox"/> Check box if same as sponsor
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: <input type="checkbox"/> Non-regulatory <input type="checkbox"/> cGMP <input type="checkbox"/> GLP		<b>Rush Service (will incur a surcharge):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
TEST REQUIRED			
Environmental Samples collected by: <input type="checkbox"/> Client Date(s)/Technician: <input type="checkbox"/> PBL Date(s)/Technician: Technician Time (hours):		Time Start/End: Time Start/End: Travel Time (hours):	
<b>SHIPPING:</b> Samples should be shipped at 2-8°C. Samples should not be in transit for more than 24 hours. A sample list/manifest may be used for large sample volumes.			
SAMPLE INFORMATION			
No. of Samples	Collection/Media Type (Air Sample Strips, Fallout Plates, Contact Plates, Swabs, etc.)	Sample Identification (Use sample codes, locations or other identification that should appear on final report)	
OTHER TESTS/SPECIAL INSTRUCTIONS			
<i>Note that all samples included on the Sample Submission Form will be on a single report.</i>			

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)*