

LABORATORY SERVICE REQUEST (LSR) – Medical Device Reprocessing

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:	<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		Rush Service (will incur a surcharge): <input type="checkbox"/> YES <input type="checkbox"/> NO					
DEVICE INFORMATION							
Sample 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"/> Other: <table border="1" style="float: right; width: 30%;"> <tr> <td colspan="2"> Storage Condition <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Room Temperature <input type="checkbox"/> 2 to 8C <input type="checkbox"/> -10 to -25C <input type="checkbox"/> -60 to -90C </div> <div style="width: 45%;"> Controlled Substance <input type="checkbox"/> No <input type="checkbox"/> Yes </div> </div> <div style="margin-top: 10px;"> Schedule: NDC #: Concentration: </div> </td> <td colspan="2"> Hazardous <small>Include MSDS if samples are hazardous. A fee will apply for disposal of hazardous samples.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Not Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other: </div> <div style="width: 45%;"> Medical Device Sample Disposition <small>Samples will be discarded per PBL SOP unless otherwise indicated.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Return UNTESTED Samples to Client </div> <div style="width: 45%;"> <input type="checkbox"/> Return TESTED Samples to Client (must be preapproved by PBL) </div> </div> <div style="margin-top: 10px;"> <small>If return address is different than Client address above, indicate address in Special Instructions below.</small> </div> <div style="margin-top: 10px;"> Carrier: Account: Dispose in: <input type="checkbox"/> municipal waste <input type="checkbox"/> hazardous waste </div> </div> </div></td> </tr> </table>				Storage Condition <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Room Temperature <input type="checkbox"/> 2 to 8C <input type="checkbox"/> -10 to -25C <input type="checkbox"/> -60 to -90C </div> <div style="width: 45%;"> Controlled Substance <input type="checkbox"/> No <input type="checkbox"/> Yes </div> </div> <div style="margin-top: 10px;"> Schedule: NDC #: Concentration: </div>		Hazardous <small>Include MSDS if samples are hazardous. A fee will apply for disposal of hazardous samples.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Not Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other: </div> <div style="width: 45%;"> Medical Device Sample Disposition <small>Samples will be discarded per PBL SOP unless otherwise indicated.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Return UNTESTED Samples to Client </div> <div style="width: 45%;"> <input type="checkbox"/> Return TESTED Samples to Client (must be preapproved by PBL) </div> </div> <div style="margin-top: 10px;"> <small>If return address is different than Client address above, indicate address in Special Instructions below.</small> </div> <div style="margin-top: 10px;"> Carrier: Account: Dispose in: <input type="checkbox"/> municipal waste <input type="checkbox"/> hazardous waste </div> </div> </div>	
Storage Condition <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Room Temperature <input type="checkbox"/> 2 to 8C <input type="checkbox"/> -10 to -25C <input type="checkbox"/> -60 to -90C </div> <div style="width: 45%;"> Controlled Substance <input type="checkbox"/> No <input type="checkbox"/> Yes </div> </div> <div style="margin-top: 10px;"> Schedule: NDC #: Concentration: </div>		Hazardous <small>Include MSDS if samples are hazardous. A fee will apply for disposal of hazardous samples.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Not Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other: </div> <div style="width: 45%;"> Medical Device Sample Disposition <small>Samples will be discarded per PBL SOP unless otherwise indicated.</small> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Return UNTESTED Samples to Client </div> <div style="width: 45%;"> <input type="checkbox"/> Return TESTED Samples to Client (must be preapproved by PBL) </div> </div> <div style="margin-top: 10px;"> <small>If return address is different than Client address above, indicate address in Special Instructions below.</small> </div> <div style="margin-top: 10px;"> Carrier: Account: Dispose in: <input type="checkbox"/> municipal waste <input type="checkbox"/> hazardous waste </div> </div> </div>					
Final Intended Use/Application of Sample:							
Requested Project Due Date:							
TESTING REQUIRED (please select all required tests)							
<input type="checkbox"/> CLEANING							
PURPOSE:		<input type="checkbox"/> Validation	<input type="checkbox"/> R&D/Engineering Run				
CLASSIFICATION OF SAMPLE:		<input type="checkbox"/> Noncritical Environmental (does not come into contact with patient) <input type="checkbox"/> Noncritical (intact skin) <input type="checkbox"/> Semi-critical (mucous membrane) <input type="checkbox"/> Critical (blood barrier)					
CLEANING PROCEDURE:		<input type="checkbox"/> PBL to Develop Method <input type="checkbox"/> Client Provided (specify):					
METHOD OF CLEANING:		<input type="checkbox"/> Manual	<input type="checkbox"/> Automated (specify cycle and type):				
CLEANING CHEMICAL:		<input type="checkbox"/> Chemical	<input type="checkbox"/> Disinfectant (specify):				
BIOMARKERS FOR EVALUATION:		<input type="checkbox"/> Wipes (specify):	<input type="checkbox"/> Hemoglobin <input type="checkbox"/> Carbohydrates				
SURFACE AREA (cm ²):							

TESTING REQUIRED (cont'd) **DISINFECTION**

PURPOSE:	<input type="checkbox"/> Validation	<input type="checkbox"/> R&D/Engineering Run	
CLASSIFICATION OF SAMPLE:	<input type="checkbox"/> Noncritical Environmental (does not come into contact with patient)		
	<input type="checkbox"/> Noncritical intact skin) <input type="checkbox"/> Semi-critical (mucous membrane) <input type="checkbox"/> Critical (blood barrier)		
LEVEL OF DISINFECTION:	<input type="checkbox"/> High	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Low
DISINFECTION PROCEDURE:	<input type="checkbox"/> PBL to Develop Method		
	<input type="checkbox"/> Client Provided (specify):		
METHOD OF DISINFECTION:	<input type="checkbox"/> Chemical		
	<input type="checkbox"/> Wipes (specify):		<input type="checkbox"/> Disinfectant (specify):
	<input type="checkbox"/> Thermal (specify):		
	<input type="checkbox"/> Automated (specify cycle and type):		
DISINFECTANT RESIDUAL EVALUATION:	<input type="checkbox"/> None	<input type="checkbox"/> Cytotoxicity, Surface Area (cm ²):	Thickness (cm):
	<input type="checkbox"/> Other:		

 STEAM STERILIZATION

PURPOSE:	<input type="checkbox"/> Validation	<input type="checkbox"/> R&D/Engineering Run	<input type="checkbox"/> Exposure Only
<input type="checkbox"/> PRE-VACUUM METHOD:	<input type="checkbox"/> Full Cycle – °C, min. <i>– Half cycles will be used for validations</i>		
	<input type="checkbox"/> Include Dry Time Validation Dry Time:		
<input type="checkbox"/> GRAVITY DISPLACEMENT METHOD - <i>gravity cycle has a minimum dry time of 10 seconds:</i>	<input type="checkbox"/> Full Cycle – °C, min. <i>– Half cycles will be used for validations</i>		
	<input type="checkbox"/> Include Dry Time Validation Dry Time:		
<input type="checkbox"/> Other:			

LIFETIME SIMULATED USE

NUMBER OF CYCLES:			
PHOTOGRAPHS:	<input type="checkbox"/> No	<input type="checkbox"/> YES	After how many cycles:

INSTRUCTIONS:

OTHER TESTS/SPECIAL INSTRUCTIONS**TESTING AUTHORIZED BY (please sign):***(Signature and date, or electronic signature, is required for testing to begin; unsigned LSR forms will not be processed)***DATE:**