

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: <i>Credit Card to be used for payment</i> <input type="checkbox"/>
Sponsor <i>(send report to):</i>	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:

SERVICE INFORMATION	
Regulatory Treatment: <input type="checkbox"/> Non-regulatory <input type="checkbox"/> cGMP <input type="checkbox"/> GLP	Rush Service <i>(will incur a surcharge):</i> <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:	
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	<div style="display: flex;"> <div style="flex: 1;"> Controlled Substance <input type="checkbox"/> No <input type="checkbox"/> Yes Schedule: NDC #: Concentration: </div> <div style="flex: 1;"> 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: </div> </div>
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	

Final Intended Use/Application of Sample:
Requested Project Due Date:

TESTING REQUIRED <i>(please select all required tests)</i>
<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"/> Wipes (specify): <input type="checkbox"/> Disinfectant (specify):
BIOMARKERS FOR EVALUATION: <input type="checkbox"/> Protein <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Carbohydrates
SURFACE AREA (cm ²):



TESTING REQUIRED (cont'd)

☐ DISINFECTION

PURPOSE: ☐ Validation ☐ R&D/Engineering Run

CLASSIFICATION OF SAMPLE: ☐ Noncritical Environmental (does not come into contact with patient)
☐ Noncritical intact skin ☐ Semi-critical (mucous membrane) ☐ Critical (blood barrier)

LEVEL OF DISINFECTION: ☐ High ☐ Intermediate ☐ Low

DISINFECTION PROCEDURE: ☐ PBL to Develop Method
☐ Client Provided (specify):

METHOD OF DISINFECTION: ☐ Chemical
☐ Wipes (specify): ☐ Disinfectant (specify):
☐ Thermal (specify):
☐ Automated (specify cycle and type):

DISINFECTANT RESIDUAL EVALUATION: ☐ None ☐ Cytotoxicity, Surface Area (cm²): Thickness (cm):
☐ Other:

☐ STEAM STERILIZATION

PURPOSE: ☐ Validation ☐ R&D/Engineering Run ☐ Exposure Only

☐ PRE-VACUUM METHOD: ☐ Full Cycle – °C, min. – *Half cycles will be used for validations*
☐ Include Dry Time Validation Dry Time:

☐ GRAVITY DISPLACEMENT METHOD - *gravity cycle has a minimum dry time of 10 seconds:*
☐ Full Cycle – °C, min. – *Half cycles will be used for validations*
☐ Include Dry Time Validation Dry Time:

☐ Other:

LIFETIME SIMULATED USE

NUMBER OF CYCLES:

PHOTOGRAPHS: ☐ No ☐ YES After how many cycles:

INSTRUCTIONS:

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)