

**LABORATORY SERVICE REQUEST (LSR) – Microbial Enumeration and Specified Organisms USP 60, 61, 62**

CLIENT INFORMATION	
<b>Instructions: Submit the form along with sample(s). Initiation of sample analysis will be delayed if form is not complete.</b>	
<b>PBL Quote Number:</b>	<b>PO Number:</b> <span style="float: right;"><i>Credit Card to be used for payment</i> <input type="checkbox"/></span>
<b>Sponsor (send report to):</b>	<b>Invoice To:</b> <span style="float: right;"><i>Check box if same as sponsor</i> <input type="checkbox"/></span>
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	
<b>Regulatory Treatment:</b> <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	
<b>Suitability (required by GMP regulations):</b> <input type="checkbox"/> Suitability Completed* <input type="checkbox"/> Suitability Declined (please specify testing parameters in the Special Instructions) <input type="checkbox"/> Suitability to be conducted by Pacific BioLabs.   Method: <input type="checkbox"/> Pour Plate <input type="checkbox"/> Membrane Filtration <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> USP 61   <input type="checkbox"/> Aerobic Plate Count – Specification:             </div> <div> <input type="checkbox"/> Yeast and Mold Count – Specification:             </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> USP 2021   <input type="checkbox"/> Aerobic Plate Count – Specification:             </div> <div> <input type="checkbox"/> Yeast and Mold Count – Specification:             </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> USP 62   <input type="checkbox"/> Salmonella   <input type="checkbox"/> E. coli   <input type="checkbox"/> S. aureus   <input type="checkbox"/> P. aeruginosa   <input type="checkbox"/> Clostridia   <input type="checkbox"/> Candida   <input type="checkbox"/> Bile Tolerant Negative Bacteria  <input type="checkbox"/> Other:             </div> <div> <input type="checkbox"/> USP 2022   <input type="checkbox"/> Salmonella   <input type="checkbox"/> E. coli   <input type="checkbox"/> S. aureus   <input type="checkbox"/> P. aeruginosa   <input type="checkbox"/> Clostridia   <input type="checkbox"/> Candida   <input type="checkbox"/> Bile Tolerant Negative Bacteria  <input type="checkbox"/> Other:             </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> USP 60   <input type="checkbox"/> Burkholderia cepacia complex             </div> </div>	
SAMPLE INFORMATION	
<b>Sample 1 Identification</b> Please use the exact wording you want to appear 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: <input type="checkbox"/> Device <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Gel <input type="checkbox"/> Other:	
Controlled Substance: <input type="checkbox"/> No <input type="checkbox"/> Yes   Schedule:   NDC #:   Concentration:	
Hazardous: <input type="checkbox"/> NOT Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other:	
*Suitability - PBL Report Number:   Guideline Number:   Method: <input type="checkbox"/> Pour Plate <input type="checkbox"/> Membrane Filtration	
<b>Sample 2 Identification</b> Please use the exact wording you want to appear 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: <input type="checkbox"/> Device <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Gel <input type="checkbox"/> Other:	
Controlled Substance: <input type="checkbox"/> No <input type="checkbox"/> Yes   Schedule:   NDC #:   Concentration:	
Hazardous: <input type="checkbox"/> NOT Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other:	
*Suitability - PBL Report Number:   Guideline Number:   Method: <input type="checkbox"/> Pour Plate <input type="checkbox"/> Membrane Filtration	

<b>Sample 3 Identification</b> Please use the exact wording you want to appear 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: <input type="checkbox"/> Device <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Gel <input type="checkbox"/> Other:			
Controlled Substance: <input type="checkbox"/> No <input type="checkbox"/> Yes    Schedule:                      NDC #:                      Concentration:			
Hazardous: <input type="checkbox"/> NOT Hazardous <input type="checkbox"/> Reactive <input type="checkbox"/> Biohazard <input type="checkbox"/> Toxic <input type="checkbox"/> Other:			
*Suitability - PBL Report Number:                      Guideline Number:                      Method: <input type="checkbox"/> Pour Plate <input type="checkbox"/> Membrane Filtration			

Storage Condition	Sample Disposition
<input type="checkbox"/> Room Temperature <input type="checkbox"/> 2 to 8C <input type="checkbox"/> -10 to -25C <input type="checkbox"/> -60 to -90C	<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

TESTING REQUIRED
<b>Harmonized Pharmacopeia – Microbial Enumeration and Specified Microorganisms</b> Route of Administration: <input type="checkbox"/> Nonaqueous oral preparation <input type="checkbox"/> Aqueous oral preparation <input type="checkbox"/> Rectal use <input type="checkbox"/> Oromucosal use <input type="checkbox"/> Gingival use <input type="checkbox"/> Cutaneous use <input type="checkbox"/> Nasal use <input type="checkbox"/> Auricular use <input type="checkbox"/> Vaginal use <input type="checkbox"/> Inhalation use <input type="checkbox"/> Transdermal patches <input type="checkbox"/> Other:
<b>Routine Test</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> USP 61    <input type="checkbox"/> Aerobic Plate Count – Specification:           </div> <div style="width: 48%;"> <input type="checkbox"/> Yeast and Mold Count – Specification:           </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> USP 2021    <input type="checkbox"/> Aerobic Plate Count – Specification:           </div> <div style="width: 48%;"> <input type="checkbox"/> Yeast and Mold Count – Specification:           </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> USP 62    <input type="checkbox"/> Salmonella    <input type="checkbox"/> E. coli    <input type="checkbox"/> S. aureus    <input type="checkbox"/> P. aeruginosa    <input type="checkbox"/> Clostridia    <input type="checkbox"/> Candida    <input type="checkbox"/> Bile Tolerant Negative Bacteria  <input type="checkbox"/> Other:           </div> <div style="width: 48%;"> <input type="checkbox"/> USP 2022    <input type="checkbox"/> Salmonella    <input type="checkbox"/> E. coli    <input type="checkbox"/> S. aureus    <input type="checkbox"/> P. aeruginosa    <input type="checkbox"/> Clostridia    <input type="checkbox"/> Candida    <input type="checkbox"/> Bile Tolerant Negative Bacteria  <input type="checkbox"/> Other:           </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> USP 60    <input type="checkbox"/> Burkholderia cepacia complex           </div> <div style="width: 48%;"></div> </div>

OTHER TESTS/SPECIAL INSTRUCTIONS
<i>Note that samples will be reported separately per lot unless otherwise indicated.</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)*