

# Analysis Request Form Biological Indicator



Ship samples and completed form to:  
Sample Receiving  
1417 Helmo Ave North  
Oakdale, MN 55128

Customer Information	<b>Contact Person:</b>	<b>Phone / Email:</b> _____
	<b>Company:</b>	<b>D@G Project Manager:</b>
	<b>Street Address:</b>	<b>Email Report To:</b>
	<b>City, State ZIP:</b>	

Invoicing Information	<b>PO # (Required):</b>	<b>Invoice Contact:</b>
	<b>Quote #:</b>	<b>Company:</b>
	<input type="checkbox"/> <b>Accounts Payable</b>	<b>Street Address:</b>
	<b>Send Invoice to email:</b>	<b>City, State Zip:</b>

Product Information	<b>Project Title</b> (As to appear on final report): <i>Ex. BI Population Verification</i>	
	<b>Sample Identification</b> (Name, Lot, etc.) <i>Ex. Lot# XXXX, Batch YYYY</i>	
	<b>Number of Indicators Submitted:</b>	<b>Quantity of Positive Control:</b>

<b>Store at:</b>	<b>Sample Disposition</b>
<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C	<input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:

Testing Information	<b>BI Sterility (Growth/No Growth) (LM 140)</b>		<b>Reporting Requirements</b>	
	BI Lot: _____		<i>Results will be reported as "Growth" or "No Growth".</i> <b>Select ONLY if it applies</b> <input type="checkbox"/> Initiate an investigation if growth is recovered from a non-control sample	
	BI Expiration: _____			
	BI Organism: _____			
	<b>Sample Information</b>			
	1	14	27	
	2	15	28	
	3	16	29	
	4	17	30	
	5	18	31	
	6	19	32	
	7	20	33	
	8	21	34	
	9	22	35	
10	23	36		
11	24	37		
12	25	38		
13	26	39		

Special Instructions	Client Approval	_____ Submitter
		_____ Date (DD MMM YYYY)

PLS ONLY	<b>Date/Time Received by:</b> _____ <b>Delivered by:</b> <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____				
	<table style="width: 100%;"> <tr> <td style="text-align: center;"><b>Received Condition:</b></td> <td style="text-align: center;"><b>Placed in Quarantine:</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C</td> <td style="text-align: center;"><input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C</td> </tr> </table>	<b>Received Condition:</b>	<b>Placed in Quarantine:</b>	<input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C
	<b>Received Condition:</b>	<b>Placed in Quarantine:</b>			
	<input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C			
<b>WO#:</b> _____					
<b>Comments:</b>					