

Analysis Request Form

Biological Indicator



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

Customer Information	Contact Person:		Phone / Email:			
	Company:		PLS Project Manager:			
	Street Address:		Email Report To:			
	City, State ZIP:					
Invoicing Information	PO # (Required):		Invoice Contact:			
	Quote #:		Company:			
	<input type="checkbox"/> Accounts Payable		Street Address:			
	Send Invoice to email:		City, State Zip:			
Product Information	Project Title (As to appear on final report): Ex. BI Population Verification					
	Sample Identification (Name, Lot, etc.) Ex. Lot# XXXX, Batch YYYY					
	Number of Indicators Submitted:		Quantity of Positive Control:			
	Store at: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C		Sample Disposition <input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:			
Testing Information	BI Sterility (Growth/No Growth) (LM 140)		Reporting Requirements			
	BI Lot:		Results will be reported as “Growth” or “No Growth”. Select ONLY if it applies <input type="checkbox"/> Initiate an investigation if growth is recovered from a non-control sample			
	BI Expiration:					
	BI Organism:					
	Sample Information					
	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	Date/Time Received by: _____ Delivered by: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other _____					
	Received Condition: <input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube _____ °C					
	Placed in Quarantine: <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerator <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C					
	WO#: _____ Login Initial/Date: _____					
	Comments:					