

# Analysis Request Form

## Endotoxin



Ship samples and completed form to:  
 Sample Receiving  
 El Retiro Industrial Zone  
 Street B&C  
 San German, PR 00683

WO# (PLS Only): \_\_\_\_\_

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<b>Customer Information</b>	<b>Contact Person:</b> <b>Company:</b> <b>Street Address:</b> <b>City, State ZIP:</b>	<b>Phone / Email:</b> <b>PLS Project Manager:</b>  <b>Email Report To:</b>
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<b>Invoicing Information</b>	<b>PO # (Required):</b> <b>Quote #:</b> <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Email: <input type="checkbox"/> Website:	<b>Invoice Contact:</b> <b>Company:</b> <b>Street Address:</b> <b>City, State Zip:</b>
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<b>Product Information</b>	<b>Project Title</b> (As to appear on final report): <i>Ex. Sterile Water for Injection</i> <b>Controlled Substance</b> <input type="checkbox"/> N/A DEA Schedule: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V *DEA Form 222 must be completed prior to sample submission		
	<b>Number of Containers Submitted</b>	<b>Quantity per Container</b>	<b>Sample Handling</b> <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Bio-Hazardous <input type="checkbox"/> SDS Enclosed
	<b>HOLDING TIME:</b> <input type="checkbox"/> N/A <input type="checkbox"/> 24 HRS <input type="checkbox"/> 48 HRS <input type="checkbox"/> OTHER (SPECIFY):		<b>COLLECTED DATE/TIME:</b>
	<b>Store at:</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> Freeze at _____ °C		<b>Sample Disposition</b> <input type="checkbox"/> Discard <input type="checkbox"/> Return – Account #:
	<input type="checkbox"/> Protect from Light <input type="checkbox"/> N/A Field Sample		

<b>Requested Turn Around Time</b>	<input type="checkbox"/> 10 Business Days <input type="checkbox"/> Rush:	Days (Requires Prior Approval with PLS / PM confirmation)
<b>Method Suitability Reference</b> (Routine Submission Only):		<input type="checkbox"/> N/A

If pooling or rehydration is required, provide additional instruction below in Special Instructions.

	#	Sample ID	Lot	Method	Specification
<b>Testing Information</b>	1			<input type="checkbox"/> Individual <input type="checkbox"/> Pooled <input type="checkbox"/> Feasibility <input type="checkbox"/> Method Suitability <input type="checkbox"/> LM 132 Endotoxin <input type="checkbox"/> LM 132 Kinetic Endotoxin <input type="checkbox"/> Client Method (CLM / PR)	<input type="checkbox"/> As Written Below  <input type="checkbox"/> Alert Level  <input type="checkbox"/> Action Level
	2				
	3				
	4				
	5			<input type="checkbox"/> Individual <input type="checkbox"/> Pooled <input type="checkbox"/> LM 256 Gel Clot	<input type="checkbox"/> Report Results <input type="checkbox"/> See Attached <input type="checkbox"/> Other (Specify Below)
	6				
	7			<input type="checkbox"/> Individual <input type="checkbox"/> Pooled <input type="checkbox"/> Submersion <input type="checkbox"/> Fluid Pathway <input type="checkbox"/> Other	
	8				
	9				
	10				

<b>Special Instructions</b>		<b>Client Approval</b>	_____ Submitter Name (Print) <span style="float:right;">Signature</span> _____ Date (DD MMM YYYY)
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WO# (PLS Only): \_\_\_\_\_

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Ship samples and completed form to:  
Sample Receiving  
Industrial Zone  
El Retiro Street B&C, P.O. Box 325  
San German PR,  
00683-0325

<b>PLS ONLY</b>	<b>Sample Picked Up:</b> <input type="checkbox"/> N/A <b>Initial:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____	
	<b>Sample</b> <input type="checkbox"/> N/A <b>Pace® Initial:</b> _____ <b>Date:</b> _____ <b>Time:</b> _____	
	<b>Delivered by:</b> <input type="checkbox"/> N/A <b>Other (select one)</b> <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Courier <input type="checkbox"/> Client _____ <div style="text-align: right; font-size: small;">Initials                      Date                      Time</div>	
	<b>Received Condition</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Ice Pack <input type="checkbox"/> Ice Cubes <input type="checkbox"/> Dry Ice <input type="checkbox"/> Credo Cube	<b>Placed in Quarantine</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Refrigeration 2°-8°C <input type="checkbox"/> Freeze at _____ °C <input type="checkbox"/> Other (Specify) _____
<b>Temperature Monitoring Device Included:</b> ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Temperature Excursion:</b> ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
<b>Temperature Excursion Notification Date:</b> _____		
<b>Temperature Excursion Client Response Date:</b> _____		
<b>Client Response Attached to ARF:</b> ..... <input type="checkbox"/> Yes <input type="checkbox"/> NA		
<b>WO#:</b> _____ <b>CS# (If Applicable):</b> _____		
<b>Login Initial / Date:</b> _____		
<b>Comments:</b> _____		