

<p align="center"><b>Report To:</b></p> <p>Company: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p align="center"><b>Invoice To:</b></p> <p><input type="checkbox"/> Same as Report    <input type="checkbox"/> Acct. Payable Address Indicated</p> <p>Accounts Payable Address: _____</p> <p>PO Number (required): _____</p> <p align="center"><b>Misc:</b></p> <p>Is This Testing for a Drug Filing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, schedule: _____</p> <p>Biosafety or Toxicity Concern? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, class: _____</p>
--	---

**BIOLOGICAL / MICROBIOLOGICAL TEST SELECTION**

**Check Here to Perform Testing Per Quote:**  **Quote Reference Number:** \_\_\_\_\_

(If performing per quote, please leave the below check boxes blank. Valid quote must be referenced above. Specifications must be detailed below.)

<p align="center"><b><u>USP &lt;51&gt; AET</u></b></p> <p><input type="checkbox"/> USP &lt;51&gt; Category 1 2 3 4</p> <p><input type="checkbox"/> Neutralization / Suitability</p> <p><input type="checkbox"/> Routine Testing</p> <p align="center"><b><u>USP &lt;85&gt; BET</u></b></p> <p><input type="checkbox"/> USP &lt;85&gt; Bacterial Endotoxins</p> <p><input type="checkbox"/> Suitability</p> <p><input type="checkbox"/> Routine, Spec:</p> <hr/> <p align="center"><b><u>USP &lt;1231&gt; Standard Methods Water Analysis</u></b></p> <p><input type="checkbox"/> Heterotrophic, Spec: Á</p> <p><input type="checkbox"/> Coliform, <math>\leq 10^6</math>W100mL</p> <p><input type="checkbox"/> Other (define): _____</p>	<p align="center"><b><u>USP &lt;61&gt; MLT</u></b></p> <p><input type="checkbox"/> Suitability</p> <p><input type="checkbox"/> Routine</p> <ul style="list-style-type: none"> <li>• TAMC, Spec:</li> <li>• TYMC, Spec:</li> </ul> <p align="center"><b><u>USP &lt;62&gt; MLT</u></b></p> <p><input type="checkbox"/> Suitability</p> <p><input type="checkbox"/> Routine, USP Spec</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> E. coli</li> <li><input type="checkbox"/> P. aeruginosa</li> <li><input type="checkbox"/> S. aureus</li> <li><input type="checkbox"/> Salmonella spp.</li> <li><input type="checkbox"/> C. albicans</li> <li><input type="checkbox"/> Clostridium spp.</li> <li><input type="checkbox"/> Bile Tolerant Gram Negative</li> </ul> <p align="center"><b><u>USP &lt;1116&gt; Environmental Monitoring</u></b></p> <p><input type="checkbox"/> Swabs, define extraction:</p> <p><input type="checkbox"/> Other (define): _____</p>	<p align="center"><b><u>USP Biological Reactivity</u></b></p> <p><input type="checkbox"/> USP &lt;87&gt;</p> <p><input type="checkbox"/> USP &lt;88&gt;</p> <p>Specify Plastic Classification: _____</p> <p>Extraction Condition or Melting Point: _____</p> <p>Indicate Sub-Component(s) for Test Below. (Ex: Inner Cap, Outer Cap, Bottle, etc.)</p> <p align="center"><b>Other Testing:</b></p>
--	--	--

**Sample Description & Identification:** Please identify each component submitted. (Ex: Size, Material, Lot Number, Supplier, etc.)

**Final Report:** To be issued as a PDF upon QA/QC approval of test results. A hard copy can also be mailed. Do you need a hard copy physically mailed?    Yes    No

**Sample Disposition:** WL will retain sample(s) in the laboratory for 30 days post report issue date then dispose of sample(s) unless other arrangements are requested.

Dispose of Sample after 30 Days     Dispose of Sample after \_\_\_ Days     Return Sample Upon Test Completion

If return is requested, please provide the following: Carrier: \_\_\_\_\_ Account#: \_\_\_\_\_

**Approval of Person Submitting Samples for Testing:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature / Date: \_\_\_\_\_