

GENEVA LABORATORIES, INC. TEST REQUEST FORM

Proctor Drive at McKenzie Lane, Elkhorn, WI 53121-0140

Telephone (262)723-5669

Fax (262)723-4015

This test request form must be filled out and returned with submitted samples in order to ensure proper handling of product. Make additional copies as needed. Please call for additional test/pricing information.

SEND REPORT TO:

COMPANY: _____

ADDRESS: _____

ATTN: _____

Phone: _____

BILLING ADDRESS (if different):

P.O. NO.: _____

(REQUIRED BEFORE START OF TEST)

NAME OF PRODUCT: _____

COMPLETE LOT NO.: _____

List Tests to be Performed

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

SPECIAL INSTRUCTIONS:

STERILITY TESTING:

Sterilized By: (check one)

- Gas
- Irradiation
- Steam
- Aseptic Fill
- Filtration
- Other: _____

STERILITY AND EtO RESIDUAL TESTING:

Sterilization Location: _____

Sterilization No.: _____

Sterilization Date: _____

Due to the nature of testing, most product will be destroyed. If product is salvageable or if there is any product left over, do you want it returned: Yes
If left blank, product will automatically be destroyed.
Request for return of product will incur additional shipping/handling charges.

BIOCOMPATIBILITY TESTING

Will product be sold overseas: Yes No

Guidelines to follow: USP ISO
Other: _____

Is GLP* required: Yes No

(Suggested if tests being submitted to FDA)

*additional cost

If no selections are made, tests will be performed per USP.

Extracts (where applicable):

- 0.9% Sodium Chloride
- 1:20 Alcohol in Sodium Chloride
- Cottonseed Oil
- Polyethylene Glycol 400
- Other: _____

Time/Temperature Conditions (where applicable):

- 1 hr./121°C
- 24 hrs./70°C
- 72 hrs./50°C
- 120 hrs./37°C
- Other: _____

Product for Implant to be sterilized by:

- EtO
- Steam

SIGNED: _____ DATE: _____