

**GENEVA LABORATORIES, INC. TEST REQUEST FORM**

SP0023\* Add. GL-1A

Shipping: 1001 Proctor Drive, Mailing: P.O. Box 140, Elkhorn, WI 53121-0140

Phone: (262)723-5669 Fax: (262)723-4015

email: [custservice@genevalabs.com](mailto:custservice@genevalabs.com)

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.

**GLP testing requires a separate Test Request Form available by contacting Customer Service. GLP testing is recommended for FDA submittal purposes.**

SEND REPORT TO:

BILLING ADDRESS (if different from SEND TO)

COMPANY: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATTN: \_\_\_\_\_

P.O. NO.: \_\_\_\_\_ (REQUIRED prior to testing)

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REFERENCE QUOTE NO.: \_\_\_\_\_

TEST ARTICLE NAME (will appear as written on final report): \_\_\_\_\_

IDENTIFICATION (e.g. Lot #, Batch #, Part #, etc.) (will appear as written on final report): \_\_\_\_\_

REQUESTED TEST(S): (List tests to be performed. Use additional Test Request if necessary.)

1. \_\_\_\_\_

6. \_\_\_\_\_

2. \_\_\_\_\_

7. \_\_\_\_\_

3. \_\_\_\_\_

8. \_\_\_\_\_

4. \_\_\_\_\_

9. \_\_\_\_\_

5. \_\_\_\_\_

10. \_\_\_\_\_

**Please complete details below, if applicable.**

**For Bioburden Testing** (check all that are applicable):

Total Ct.  Total & Spore Ct.  Yeast/Mold •  Aerobic  Anaerobic •  Bacteriostatic (other Liquids)

Heterotrophic (Water)

Samples to be  pooled or  tested individually

Heterotrophic with Coliform (Water)

Save plates for Gram stain and/or ID (explain in special instructions)

**For Sterility Testing** (check all that are applicable):

Product  Biological Indicator Gamma Dose:  Method I  VD<sub>max</sub>

Method Sterilized:  EtO  Gamma  Steam  Aseptic Fill  Filtration  Other: \_\_\_\_\_

**For Sterility or EtO Residual Testing** (complete all that are applicable):

Sterilization Location: \_\_\_\_\_ Sterilization No.: \_\_\_\_\_ Date: \_\_\_\_\_

**For Bacterial Endotoxin/LAL Testing** (check applicable):  Gel Clot  Kinetic Turbidimetric (liquids only)

**For Biocompatibility Testing** (check all that are applicable):

Extract conditions to be determined by Geneva Labs

Extracts required (if applicable):

Time/Temperature Conditions (if applicable):

0.9% NaCl  1:20 Alcohol in NaCl  Cottonseed Oil

1 hr./121°C  24 hrs./70°C  72 hrs./50°C

Polyethylene Glycol 400  Other: \_\_\_\_\_

72 hrs./37°C  Other: \_\_\_\_\_

Product for Implant to be sterilized by:  Steam  EtO (additional charges will apply)

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

Due to nature of testing, most product will be destroyed.  
If left blank, samples will be destroyed.

Do you want any salvageable or left over product returned:  Yes  No  
If "Yes", ship back via:  FedEx  UPS Account No.: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_