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# GLP TEST REQUEST

GLP0002 GL-1L  
Page 1 of 2

*Good Laboratory Practices (GLP) testing is used for conducting nonclinical laboratory studies that support or are intended to support applications for research or marketing permits for products regulated by the Food and Drug Administration undergoing testing for 510(k) or IND submissions only.*

Quote No.:

P.O. No.:

\*REQ. NO.: \_\_\_\_\_

Send Final Report to:

Billing Information:  Same as Send to

Company  
& Address:

Contact:  
Email:  
Phone:

Contact:  
Email:  
Phone:

Please complete selection by scrolling, checking the box, or typing. ALL areas are necessary to avoid testing delays. Use Special Instructions below or on the following page for additional sample information or testing clarification.

Test Article Name for Report(s)	Sample Identification No. (Please identify as "P/N XXX", "Lot No. XXX", etc.)	Expiration Date	No. of Samples Shipped
Sample Stability - Must choose one (1) of the following:			
Portion of sample to be tested:			
Special Instructions (Additional space available on page 2). (Please put in two columns if creating a list of items.)			
Is sample a Biohazard? <input type="radio"/> Yes <input type="radio"/> No		Can product be cut for testing? <input type="radio"/> Yes <input type="radio"/> No	
Sample Storage Condition:			
Condition of Test Article: <input type="checkbox"/> Steam Sterilization to be performed by Geneva Labs at these Parameters: <i>(Extra charges will be applied for steam sterilization required by Geneva Laboratories, Inc.)</i>		Sterilized by:	

Specify Each Test to be Performed:	*Geneva Labs Job Number(s)	*Receiver Stamp Here



Must fill-in or check a box in ALL areas. Indicate not applicable with an "N/A".

\*REQ. NO.: \_\_\_\_\_

**Description and/or intended clinical use of test article:**

**Total Surface Area:**

**(Submit CAD Drawings if available)**

**Physical Description:**

**Extraction Conditions:**

**For Fabric/Foam or Mask/Gown Test Articles - Please specify:**

Indicate if moistening with water, or where necessary, an alternative solvent, to ensure good contact with the skin is permitted:

Yes     No

*(Please check NO if sample is water-resistant.)*

Special Extraction Instructions (if applicable):

**Sample disposal:**

**Ship via:**

**Acct. #:**

**Additional Special Instructions not listed on front page.**

**CONTROL ARTICLE CHARACTERIZATION:**

Geneva Laboratories, Inc. provides controls for most routine studies and is responsible for characterizing and providing the appropriate control article(s) per FDA 21 CFR Part 58.105. If Sponsor provides control and characterizing, control article(s) must meet the same FDA 21 CFR Part 58.105 criteria.

**Before signing, please make sure all areas of this test request are complete to prevent delays with your testing.**

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_