

GENEVA LABORATORIES, INC. TEST REQUEST FORM

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

Phone: (262) 723-5669 Email: custservice@genevalabs.com www.genevalabs.com

Fill out completely and return with submitted samples in order to ensure proper handling of product.

Make copies as needed. Please call for additional test/pricing information.

GLP tests (for FDA submittals) require a GLP TEST REQUEST available from Customer Service or on our website.

SEND REPORT TO:

COMPANY:

ADDRESS:

City, State, Zip:

ATTN:

PHONE:

EMAIL:

BILLING ADDRESS (if different from SEND REPORT TO):

BILLING EMAIL:

P.O. NO. **(Required):**

QUOTE NO.:

TEST ARTICLE NAME (Appears as written on final report):

IDENTIFICATION (e.g. Lot #, Batch #, Part #, Ref. #) (Appears as written on final report):

Is sample considered a Biohazard?: Yes No **STAT TESTING (extra charges apply):** Yes No

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 and on the following page, if applicable.

SPECIAL INSTRUCTIONS: (See page 2 for additional details, if applicable.)

For Environmental Testing:

Contact (Rodac) Plates TSA / SDA Plates Other

Exposure Date: _____ Exposure Period (time or volume): _____

Swab [One (1) swab requested per test]: Total Count Yeast & Mold
 Total Count/Yeast & Mold (Dual Incubation)

Save plates for Gram stain and/or ID (Explain in "Special Instructions" on Page 1.)

For Bioburden Testing (check all that apply):

Heterotrophic (water) Heterotrophic with Coliform (water)
Aerobic: Total Count Total & Spore Count Yeast/Mold Total Count/Yeast & Mold (Dual Incubation)

Anaerobic: Total Count Spore Count **Samples to be:** pooled or tested individually

Bacteriostatic (other liquids) Method Suitability (liquids)

Save plates for Gram stain and/or ID (Explain in "Special Instructions" on Page 1.)

Dose Report Requested: Single Batch or Multi Batch

Bioburden Validation Testing [Six (6) sterile products requested per test]

For Sterility Testing (check all that apply):

Product Biological Indicator (BI) Radiation Dose: Method I VD_{max}

Sterilized Method: EtO Radiation Steam Aseptic Fill Filtration

Other: _____

Method Suitability ETO [Six (6) sterile products requested per test] Radiation [Three (3) sterile products requested per test]

For Sterility or EtO Residual Testing (complete all that apply):

Sterilization Location: _____

Sterilization No.: _____ Date: _____

For Bacterial Endotoxin/LAL Testing (check all that apply): Gel Clot Kinetic Turbidimetric (liquids only)

For Biocompatibility Testing (check all that apply): Extract conditions to be determined by Geneva Labs

Extracts required (if applicable):

0.9% NaCl 1:20 Alcohol in NaCl Cottonseed Oil

Polyethylene Glycol 400 Other: _____

Time/Temperature Conditions (if applicable):

1 hr./121°C 24 hrs./70°C 72 hrs./50°C

72 hrs./37°C Other: _____

Product for Implant is to be sterilized by: Steam EtO (Additional charges will apply.)

Due to nature of testing, most samples will be destroyed. If left blank, samples will be discarded.	Do you want any unused product returned? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", ship back via: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS Acct. No.: _____
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SIGNED: _____ DATE: _____