

### 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](mailto:custservice@genevalabs.com) [www.genevalabs.com](http://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:

COUNTRY:

ATTN:

PHONE:

EMAIL:

**BILLING ADDRESS (if different from SEND REPORT TO):**

BILLING EMAIL:

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

QUOTE NO.:

**TEST ARTICLE NAME** (Please DO NOT include identification number(s) here):

**IDENTIFICATION** (List only Lot #, Batch #, Part #, or Ref. # here):

**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<sub>max</sub>

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.	<b>Do you want any unused product returned?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes", ship back via: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS Acct. No.: _____

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