

# GENEVA LABORATORIES, INC. STANDARD TEST REQUEST FORM

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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:

COUNTRY:

ATTN:

PHONE:

EMAIL:

**BILLING ADDRESS:**

BILLING EMAIL:

P.O. NO. (Required):

QUOTE NO.:

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

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

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

**REQUESTED TEST(S):**

\*GL Job Number:

\*GL Job Number:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

*Use an additional test request if space need. Please complete details below and on the following page, if applicable.*

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



**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.)*

**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:**

Bacteriostatic (other liquids)  Method Suitability (liquids)

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

**Dose Report Requested:**

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

**STERILITY TESTING** (check all that apply):

Product  Biological Indicator (BI) Radiation Dose:  Method I  VD<sub>max</sub>

Sterilized Method: \_\_\_\_\_

**Method Suitability:** \_\_\_\_\_

**STERILITY or EtO RESIDUAL TESTING** (complete all that apply):

Sterilization Location: \_\_\_\_\_

Sterilization No.: \_\_\_\_\_

Date: \_\_\_\_\_

**BACTERIAL ENDOTOXIN / LAL TESTING** (check all that apply):  Gel Clot  Kinetic Turbidimetric

<b>Return unused product:</b> <input type="radio"/> Yes <input type="radio"/> No <b>If "Yes", return via:</b> _____ <b>Account No.:</b> _____ <small>Due to nature of testing, most samples will be destroyed. If left blank, samples will be discarded.</small>
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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

