

GENEVA LABORATORIES, INC. TEST REQUEST FORM

Proctor Drive at McKenzie Lane, Elkhorn, WI 53121-0140 Telephone (262)723-5669 Fax (262)723-4015

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.

SEND REPORT TO:

COMPANY: _____

ADDRESS: _____

ATTN: _____

Phone: _____

Email: _____

BILLING ADDRESS (if different):

P.O. NO.: _____

(REQUIRED BEFORE START OF TEST)

REFERENCE QUOTE NO. _____

NAME OF PRODUCT: _____

COMPLETE LOT NO. : _____

List Tests to be Performed

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

SPECIAL INSTRUCTIONS:

STERILITY TESTING:

Sterilized By: (check one)

- Gas
- Irradiation
- Steam
- Aseptic Fill
- Filtration
- Other: _____

TESTING for STERILITY and EtO RESIDUALS:

Sterilization Location: _____

Sterilization No.: _____

Sterilization Date: _____

Due to the nature of testing, most product will be destroyed. If product is salvageable or if there is any product left over, do you want it returned? _____ Yes
 If left blank, product will automatically be destroyed.
 Request for return of product will incur additional shipping and handling charges.

BIOCOMPATIBILITY TESTING:

Guidelines to follow:

- 10993 Series
- Other (specify): _____

Is GLP* required: Yes No

(Suggested if data are being submitted to FDA or notified body.)

*additional cost applies

Sample submitted is:

- Sterile
- Non-Sterile**

Extraction Conditions:

If no extract or time/temperature is selected, Geneva will choose the most appropriate for the product/test

Extracts (where applicable):

- 0.9% Sodium Chloride
- 1:20 Alcohol in Sodium Chloride
- Cottonseed Oil
- Polyethylene Glycol 400
- Other: _____

Time/Temperature Conditions (where applicable):

- 1 hr./121°C
- 24 hrs./70°C
- 72 hrs./50°C
- 72 hrs./37°C
- Other: _____

**Product for Implant to be sterilized by:

- Ethylene Oxide (additional charges will apply)
- Steam

SIGNED: _____ DATE: _____