

GENEVA LABORATORIES, INC. STANDARD 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:

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. # as applicable):

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 VDmax

Sterilized Method:

Method Suitability:

STERILITY or EtO RESIDUAL TESTING

Sterilization Location:

Sterilization No.:

Date:

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

BIOCOMPATIBILITY TESTING

Time/Temperature Conditions requested:

Cytotoxicity Test: 24 hrs./37°C 72 hrs./37°C (prolonged or permanent use)

Toxicology Test(s): 72 hrs./37°C 72 hrs./50°C 1 hr./121°C 24 hrs./70°C To be determined by Geneva Lab

Return unused product: Yes No **If "Yes", return via:** _____ **Account No.:** _____
Due to nature of testing, most samples will be destroyed. If left blank, samples will be discarded.

SIGNED: _____ DATE: _____

