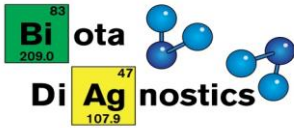


Sample Requisition Form



2401 Whitehall Park Dr, Ste 700, Charlotte, NC 28273
 (704)-992-0708

Laboratory Use Only	
Received By:	
Date Received:	
Lab SID:	

Client Information:		Billing Information:	
Company:		Company:	Same As Client: <input type="checkbox"/>
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:		Phone:	
Contact:		Contact:	
Email:		Email:	

Sample Information:	
Client ID:	Lot #:
Sample Description:	
Quantity of Sample Containers:	
Sample Storage:	<input type="checkbox"/> Room Temp. <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen

Test Menu:	
<input type="checkbox"/> Method Suitability (Sterility) <input type="checkbox"/> Sterility by USP <71> <input type="checkbox"/> I certify that <input type="checkbox"/> containers of the finished product are required to satisfy USP <71> sterility testing requirements.	If Method Suitability has already been performed please provide Method Suitability ID below Method Suitability ID: _____
<input type="checkbox"/> Endotoxin Characterization Test <input type="checkbox"/> Endotoxin by USP <85> <input type="checkbox"/> Intrathecal	Endotoxin Limit _____ or Avg Wt (Kg) _____ Max dose/hour _____
<input type="checkbox"/> Potency Analyte will be reported as indicated to the right.	<input type="checkbox"/> Normal <input type="checkbox"/> Rush Analyte: _____ Concentration: _____ Analyte: _____ Concentration: _____ Analyte: _____ Concentration: _____ Analyte: _____ Concentration: _____
<input type="checkbox"/> Environmental Monitoring	Please contact your sales rep for more information or to schedule an on-site evaluation
<input type="checkbox"/> Standard Plate Count	<input type="checkbox"/> Microbial Identification

Signature: _____

Date: _____