

## **Company Information**

Company Name:		Contact Name:		
Report Address:				
Billing Address:				
Phone Number:	Fax Number:		E-mail:	
Purchase Order Number:	•		•	
Shipping method report:	USPS	FedEx	(	UPS
	No Charge Via email	2nd D	ay	International
List method of payment and account number for report delivery:				
FedEx Account Number:		UPS Account	Number:	

## Sample Information

Sample Name(s):		
Sample lot #(s):		
Number of Sample: Number of Tests Required:		
Recommended Storage Temperature:		
Recommended Reconstitution or Extraction:		
Endotoxin Limit:	Maximum Dose:	

## **Test Service Requested**

Endotoxin titer/Interference screen		Method development	Glucan titer	
(For product stability an Possible minimum sampl		t validation is required. Endotox	in limit necessary for testing.	
Product Stability	Product Release	Product Validation	Oven Validation	

## **Test Method**

Gel-clot	KTA (Kinetic Turbidimetric)	KCA (Kinetic Chromogenic)
PTS	PTS Glucan	

Note:

1. Please attach MSDS or letter stating handling precautions and disposal procedure. If not included, testing will not be performed until received.

2. Samples are disposed immediately following testing or samples can be returned to customer if indicated in writing in advance.

3. Original test reports are forwarded to customer and conclusion of testing are not held at Biosynthesis.

	Date:	
For Internal Use Only- Do Not Fill Out		
CT#:	Date Received:	
MSDS/letter received (circle appropriate response):	Yes No	