SAMPLE TESTING INFORMATION SHEET

charles river | endotoxin and microbial detection

Charles River Laboratories
1023 Wappoo Road
Charleston, South Carolina 29407
Phone: 843-402-4900
Fax: 843-766-7576

Company Information

Company Name:_____ Contact Name:_____

Report Address:_____

Billing Address:_____

Phone Number:_____ Fax Number:_____ E-mail: _____

Purchase Order Number: _____

Circle shipping method for report: U. S. Mail No Charge | FedEx / UPS 2nd Day | FedEx / UPS Overnight

List method of payment and account number for report delivery. Purchase Order Number:_____
FedEx Account Number:_____ UPS Account Number:_____

Sample Information

Sample Name(s):_____

Sample lot #(s):_____

Number of Samples:_____ Number of Tests Required:_____

Recommended Storage Temperature:_____

Recommended Reconstitution or Extraction: _____

Endotoxin Limit:_____ Maximum Dose:_____

Test Service Requested (circle the appropriate test)

Endotoxin titer/Interference screen Method Development Glucan titer

(For Product Stability and Product Release, a Product Validation is required. Endotoxin limit necessary for testing. Possible minimum sample requirements)

Product Stability Product Release Product Validation Oven Validation

Test Method (circle the appropriate test)

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 of immediately following testing or samples can be returned to customer if indicated in writing.
3. Original test reports are forwarded to customer at conclusion of testing and are not held at Charles River Laboratories.

_____ _____

SIGNATURE / TITLE **DATE**

For In-house Use Only- Do Not Fill Out

CT#:_____ Date Received:_____

MSDS/letter received (circle appropriate response): Yes No