

(ENDOSAFE)

TITLE: RECEIVING AND DISPOSITION OF SAMPLES FOR CUSTOMER TESTING

Sample Testing Information Sheet



Attn: Technical Service
 Charles River Laboratories, Inc.
 1023 Wappoo Road, Suite 43-B
 Charleston, South Carolina 29407 USA

Phone: 1-843-402-4900
 Fax: 1-843-766-7576

Company Information

Company Name: _____ Contact Name: _____

Report Address: _____

Billing Address: _____

Phone Number: _____ Email: _____

PO Number: _____ Note: Please attach copy of PO.

Circle shipping method for report: US Mail No Charge / FedEx 2nd day / UPS 2nd day / FedEx Overnight / UPS Overnight

If reports are not being sent via US mail, please enter payment information:

Purchase Order Number: _____ () N/A UPS Account Number: _____ () N/A
 FedEx Account Number: _____ () N/A Credit Card Number: _____ () N/A

Sample Information

Sample Name(s): _____

Sample lot #(s): _____

Number of Samples: _____ Number of Tests Required: _____ Recommended Storage Temperature: _____

Recommended Reconstitution or Extraction: _____ () N/A

Note: If medical device is labeled as 'non-pyrogenic fluid pathway', please indicate this in an attached memo.

Endotoxin Limit: _____ () N/A

Test Service Requested (Circle the appropriate test, possible minimum sample requirements)

*For Product Stability and Product Release, a Product Validation is required. Endotoxin limit necessary for testing.

Endotoxin titer/Interference screen
 *Product Stability

Method Development
 *Product Release

Glucan titer
 Product Validation

Oven Validation (Required information):

Oven Name: _____ Oven Serial Number: _____

Cycle Run Time: _____ Cycle Run Temperature: _____

Test Method (Circle the appropriate test)

Gel-clot
 PTS

KTA (Kinetic Turbidimetric)
 PTS Glucan

KCA (Kinetic Chromogenic)

- Notes: 1. Please attach SDS or letter stating handling precautions and disposal procedure. If not included, testing will not be performed until received. **SDS OR LETTER MUST ACCOMPANY EACH SAMPLE AND EACH SUBMISSION.**
2. Samples are disposed of following testing or returned to customer if indicated in writing.
3. Original test reports are sent to customer at conclusion of testing and are not held at Charles River Laboratories, Inc.
4. **Results obtained from testing are not to be used for human diagnostic purposes.**

SIGNATURE / TITLE

DATE

For In-house Use Only- Do Not Fill Out

CT#: _____ Date Received: _____ SDS/letter received (Circle one): Yes No

Sample shipped according to recommended storage temperature (Circle one): Yes No