

Biotest Laboratories, Inc.

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BACTERIAL ENDOTOXIN TEST REQUEST FORM

COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____

PRODUCT NAME/#: _____

PRODUCT LOT #: _____

(If Applicable) STERILE LOT#: _____ STERILIZATION METHOD: [] ETO [] STEAM [] RADIATION

PURCHASE ORDER # (REQUIRED): _____

CUSTOMER SIGNATURE: _____ DATE: _____

SAMPLE STORAGE: [] ROOM TEMP [] REFRIGERATE [] FREEZE

SAMPLE DISPOSITION POST TEST: [] DISCARD [] RETURN

**The following must be provided for return of product(s)

RETURN SHIPPING INFORMATION:

METHOD _____ ACCOUNT # _____ PRIORITY _____

ADDRESS: _____

ATTN: _____

Bacterial Endotoxin Testing

Check (√) Code	Quantity	Test Code	Test Description
		TX/01a	LAL Test – Extract of Individual Device
		TX/01b	LAL Test – Extract of 4 to 10 Devices Pooled
		TX/02	LAL Test – Liquid
		TX/03	Sample Dilutions of Extract or Liquid
		TX/04	Inhibition/Enhancement Testing (Validation of 3 Lots of Product)

Special Instructions:

RESULTS: Will be faxed followed by hardcopies in mail.

FOR: [] FDA SUBMISSION [] CE MARK [] VALIDATION [] ROUTINE [] RESEARCH & DEVELOPMENT

CONTACT
NAME: _____

PHONE: _____ FAX: _____

Specific test results may not be indicative of the characteristics of any other samples from the same lot or similar lots. Liability is limited to the costs of the tests.

Form maybe downloaded from WWW.BIOTESTLABS.COM. This is a revision controlled form within the Biotest Laboratories, Inc. Quality System. Modifications of the controlled information within this form are prohibited.