

ANALYSIS REQUEST FORM (Health & Pharmaceuticals)

Client: _____ Clie: _____ nt number: _____
 Contact: _____ Project: _____ number: _____
 Address: _____ Project: _____ **Chemical testing and sub-contracting**
 Sub-project: **Heavy metals testing, NHP and chemical testing**

Phone: _____ Contact: _____ Manon Beaudry, ext. 5157
 E-mail: _____ manonbeaudry@labenvironex.com
 suzanneperron@labenvironex.com

TO BE COMPLETED BY THE SENDER

Purchase order number: _____ Certificate of analysis language French English

Sample information

Identification :		
Code:	Lot number:	DIN (if applicable):
Nature:	Description	

REQUESTED ANALYSIS (please check appropriate boxes)

USP Chapter <51> Standard	Additional intervals	Additional Microorganisms
Strains : <i>E. coli, S. aureus, P. aeruginosa, C. albicans and A. brasiliensis</i> Intervals : 0 Day, 7 Days, 14 Days, 21 Days and 28 Days	<input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Days <input type="checkbox"/> 3 Days <input type="checkbox"/> Other : _____	Strain : _____ Strain : _____ Strain : _____ Strain : _____

Validation

Perform validation Do not perform validation Validation previously performed on sample number: _____

Shipping date: _____ By: _____

Comments: _____