



# Microbiology, Chemistry & Package Testing TEST REQUEST FORM

A test request form must accompany each test article submitted. Ship samples to:  
**WuXi AppTec • 1265 Kennestone Circle • Marietta, GA 30066-6037**  
(+1) 770-514-0262 TOLL FREE 888-847-6633 FAX (+1) 770-514-0294

FOR WUXI APPTEC USE ONLY

P.O. # \_\_\_\_\_

### CLIENT INFORMATION

### ACCOUNT NUMBER/CLIENT CODE

COMPANY NAME		CONTACT NAME / TITLE	
ADDRESS		PHONE	FAX
CITY / STATE / ZIP		EMAIL	

### SAMPLE INFORMATION

**SHIPPING NOTE:** For small-volume liquid samples, WuXi AppTec has found the use of cryogenic vials with internal thread closures an effective way to help prevent leaking that can result in loss of sample volume and possible sample contamination during shipping.

TEST ARTICLE / SAMPLE NAME (This will be exact wording used on reports.)	SAMPLE ID NUMBERS (Batch, Lot, Load, etc.)	TOTAL NUMBER OF SAMPLES IN SHIPMENT
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Does product contain antimicrobial? <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTROLLED STORAGE CONDITIONS <input type="checkbox"/> Room temperature <input type="checkbox"/> Refrigerated (2°C to 8°C) <input type="checkbox"/> Frozen (-10°C to -60°C) <input type="checkbox"/> Ultracold (<-60°C)		
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Is product submitted sterile? <input type="checkbox"/> Yes <input type="checkbox"/> No	PROCESSING/STERILIZATION DATE	STERILIZATION METHOD (If applicable, check one.) <input type="checkbox"/> ETO <input type="checkbox"/> Gamma <input type="checkbox"/> Steam <input type="checkbox"/> Other (Specify):	
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**Complete the following for EO Residual Testing ONLY** NOTE: Samples for EO Residual Testing may be frozen upon receipt and tested as scheduling allows.

PERFORM EO RESIDUAL TESTING:  Upon receipt [STAT fee applies.]  Per standard scheduling  On post-sterilization day #

### TEST(S) REQUESTED

TEST CODE (Required)	SAMPLE QTY. TO BE TESTED	TEST NAME	INDICATE IF STAT [SEE NOTE BELOW]*

\*RE STAT TESTING: By requesting "STAT" [to be performed within 1 business day of receipt], Client understands and agrees that a special fee – equal to 100% of the regular testing fee – may be assessed.

### SPECIAL HANDLING / INSTRUCTIONS

(Provide information if applicable.)	UPON TEST COMPLETION: <input type="checkbox"/> Discard all samples Return samples (Add'l fee applies): <input type="checkbox"/> All <input type="checkbox"/> Unused only Provide courier company and account # for shipping:
<input type="checkbox"/> Check if testing is to be conducted per 21 CFR Part 58 (Non-Clinical Laboratory Study / GLP). This form may be used for GLP test orders only when a master copy of the GLP protocol is on file. Additional fees apply.	

### TESTING AUTHORIZATION

Sponsor signature is required before GLP testing will be initiated.

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SIGNATURE PRINT NAME DATE