

BTC Account No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Company \_\_\_\_\_ Sample Description \_\_\_\_\_

Address \_\_\_\_\_

Purchase Order \_\_\_\_\_ Sample Preparation \_\_\_\_\_

Requestor Name \_\_\_\_\_

Phone \_\_\_\_\_

FAX No. \_\_\_\_\_ Storage Conditions:  Room Temp.  2-8°C  -20°C

**USE ONE SUBMISSION FORM FOR EACH SAMPLE SUBMITTED**

Please Perform the Following Tests:  non-GLP  GLP (check one)

**BIOLOGY**

- |   |  |
|---|--|
| <input type="checkbox"/> 100 USP Pyrogen - 3 Rabbit                           | <input type="checkbox"/> 183 Mutagenicity (AMES Test)                                    |
| <input type="checkbox"/> 101 USP Pyrogen - 5 Rabbit                           | <input type="checkbox"/> 200 Hemolysis   |
| <input type="checkbox"/> 102 USP Pyrogen - 8 Rabbit                           | <input type="checkbox"/> 208 ISO Guinea Pig Maximization (1 Extract - NS)                |
| <input type="checkbox"/> 103 USP Pyrogen (Protein) - 3 Rabbit                 | <input type="checkbox"/> 209 ISO Guinea Pig Maximization (2 <sup>nd</sup> Extract - Oil) |
| <input type="checkbox"/> 105 USP Pyrogen (Protein) - 8 Rabbit                 | <input type="checkbox"/> 210 USP Guinea Pig Maximization (1 Extract - NS)                |
| <input type="checkbox"/> 123 EP Pyrogen - 3 Rabbit                            | <input type="checkbox"/> 211 USP Guinea Pig Maximization (2 <sup>nd</sup> Extract - Oil) |
| <input type="checkbox"/> 110 ISO Systemic (NS,EtOH,Oil,PEG) *                 | <input type="checkbox"/> 240 USP General Safety  |
| <input type="checkbox"/> 110 USP Systemic (NS,EtOH,Oil,PEG) *                 | <input type="checkbox"/> 241 EP General Safety   |
| <input type="checkbox"/> 119 ISO Intracutaneous Reactivity (NS,EtOH,Oil,PEG)* | <input type="checkbox"/> 700 Physiochemical Test (USP 661)                               |
| <input type="checkbox"/> 120 USP Intracutaneous Reactivity (NS,EtOH,Oil,PEG)* | •Plastic Type (choose one) _____   |
| <input type="checkbox"/> 131 USP Muscle Implant (7-Day)                       | 1) Polyethylene high density   |
| <input type="checkbox"/> 140 ISO Muscle Implant (14-Day)                      | 2) Polyethylene low density  |
| <input type="checkbox"/> 141 ISO Muscle Implant (4-Week)                      | 3) Polypropylene   |
| <input type="checkbox"/> 135 Histopathology of Implant                        | 4) Other plastic   |
| <input type="checkbox"/> 158 USP Class VI (Sys. Tox., ICR, M.I.)              | •Extracts: Aqueous / Non-aqueous (choose one)  |
| <input type="checkbox"/> 170 Cytotoxicity - Agar Diffusion                    |  |
| <input type="checkbox"/> 171 Cytotoxicity - MEM Elution                       | Other: _____   |
| <input type="checkbox"/> 172 Cytotoxicity - MEM Dilution                      |  |
| <input type="checkbox"/> 180 CFR Primary Skin Irritation                      |  |

**Please Return Report Via:**  US Mail  FAX (\$15 charge)  Federal Express (\$15 or Acct. No. \_\_\_\_\_)

Comments/Special Instructions \_\_\_\_\_

I Authorize the Biological Test Center to Perform the Above Tests:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Samples were received:  In good condition by (BTC Associate / date): \_\_\_\_\_

Damaged  Customer notified by (BTC Associate / date): \_\_\_\_\_

\* Choose the extracts you require for testing (circle).

\*\*\* Samples will not be processed without the Lot No. & Sample Description sections completed.