

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 nd 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 nd 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.