



ENDOTOXIN SAMPLE TESTING INFORMATION SHEET

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Company Information

Company Name:		Contact Name:	
Report Address:			
Billing Address:			
Phone Number:		Fax Number:	E-mail:
Purchase Order Number:			
Shipping method report:			
<input type="radio"/> USPS	<input type="radio"/> FedEx	<input type="radio"/> UPS	
<input type="radio"/> No Charge Via email	<input type="radio"/> 2nd Day	<input type="radio"/> International	
List method of payment and account number for report delivery:			
FedEx Account Number:		UPS Account Number:	

Sample Information

Sample Name(s):	
Sample lot #(s):	
Number of Sample:	Number of Tests Required:
Recommended Storage Temperature:	
Recommended Reconstitution or Extraction:	
Endotoxin Limit:	Maximum Dose:

Test Service Requested

<input type="radio"/> Endotoxin titer/Interference screen	<input type="radio"/> Method development	<input type="radio"/> Glucan titer	
<i>(For product stability and product release, a product validation is required. Endotoxin limit necessary for testing. Possible minimum sample requirements)</i>			
<input type="radio"/> Product Stability	<input type="radio"/> Product Release	<input type="radio"/> Product Validation	<input type="radio"/> Oven Validation

Test Method

<input type="radio"/> Gel-clot	<input type="radio"/> KTA (Kinetic Turbidimetric)	<input type="radio"/> KCA (Kinetic Chromogenic)
<input type="radio"/> PTS	<input type="radio"/> PTS Glucan	

Note:

1. Please attach MSDS or letter stating handling precautions and disposal procedure. If not included, testing will not be performed until received.
2. Samples are disposed immediately following testing or samples can be returned to customer if indicated in writing in advance.
3. Original test reports are forwarded to customer and conclusion of testing are not held at Biosynthesis.

Date:

For Internal Use Only- Do Not Fill Out

CT#:	Date Received:
MSDS/letter received (circle appropriate response):	<input type="radio"/> Yes <input type="radio"/> No