

Bioburden Test Request Instruction Form



BIOSCENSION

Laboratory Services

Ship samples and completed form to: Bioscension Laboratory Services, LLC.

965 Capstone Cir, STE 316 • Miamisburg, OH, 45342 • (937) 831-8274

Customer Information	Company: Street Address: City, State ZIP: Project/Study Sponsor:	Bill to Company: PO / Last 4 Credit Card #: XXXX Quotation # (if known): N/A E-mail Report to: Phone:
Product Information	Sample Name / Description: Unique Identifier (Lot, Run #, etc.):	
Testing Information	Sample Quantity: Sample Pooling: Individual Process Description #: Alert Limit: Action Limit: <i>If new device or requesting changes, complete below</i> Test Portion: Choose an item.	Choose One: <input type="checkbox"/> AER: Total Aerobes <input type="checkbox"/> ANA: Total Anaerobes <input type="checkbox"/> FUN: Total Fungi (yeast and mold) <input type="checkbox"/> SPF: Total Sporeformers <input type="checkbox"/> AFS: Total Aerobes, Fungi and Sporeformers <input type="checkbox"/> AAFS: Total Aerobes, Anaerobes, Sporeformers & Fungi <input type="checkbox"/> IRE: Inoculated Recovery Efficiency <input type="checkbox"/> GID: Microbial Identification: Genus ID
Special Instructions	Check all that apply. Provide details in "Additional Instructions" below. (Additional charges may apply) <input type="checkbox"/> STAT processing requested. <input type="checkbox"/> Refrigerate samples prior to testing. <input type="checkbox"/> Freeze samples prior to testing. <input type="checkbox"/> Samples contain hazardous material. To prevent testing delays, please attach SDS to this request. <input type="checkbox"/> Samples contain inhibitory substance(s). <input type="checkbox"/> Samples contain human allograft tissue. <input type="checkbox"/> Do not cut or destroy samples during testing. <input type="checkbox"/> Return test samples. Ship to: (Provide shipping information to the right) Carrier: <input type="checkbox"/> Return extra samples. Account #: (Provide shipping information to the right) Priority:	
Additional Instructions		
Approval	By signing and dating below, I acknowledge I have read, understand, and accept Bioscension Lab Services, LLC's Terms & Conditions <hr/> Signature (testing cannot proceed without signature and date) Date	
BLS ONLY	Date Received: Received By:	Sample #(s):



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PROJECT/STUDY SAMPLE – CHAIN OF CUSTODY – Additional Samples

Customer Name:	Project Name/Number:
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Sample #	Media Type	Description/Data Sheet #	Analysis Code	Plating Method	Replicates?

Received By – Lab Use Only	Date & Time MM/DD/YYYY	Lab # BLSL316
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