

**LABORATORY INFORMATION**

Ship samples to:

MTestingLabs
288 Murphy Rd,
Hartford, CT
06114

1. CLIENT INFORMATION

Client Company Name		Purchase Order Number	
Phone Number		Email Address	
Contact Person		Title/Department	
Address		City/State/Zip	

2. SAMPLE INFORMATION

Sample Description	
Sample Information	Part Number: Lot Number:
Quantity Submitted	

3. SHIPPING & STORAGE CONDITIONS

Shipping Condition Upon Receipt: ☐ Ambient ☐ Refrigerated / On Ice ☐ Dry Ice ☐ Frozen ☐ Other:	Required Storage Condition ☐ Room Temperature ☐ Refrigerated (2°C to 8°C) ☐ Frozen (-10°C to -25°C) ☐ Other:
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4. TURNAROUND TIME REQUIREMENTS

Standard Turnaround	☐ Yes ☐ No	Expedited/Rush Testing	☐ Yes ☐ No
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5. REQUESTED MICROBIOLOGY TESTING

Bioburden: ☐ Sterile Bioburden Recovery Testing B104 ☐ Aerobic & Fungal B100 ☐ Aerobic, Aerobic Spore-formers & Fungal B101 ☐ Aerobic, Anaerobic & Fungal B102 ☐ Aerobic, Aerobic Spore-formers, Anaerobic & Fungal B103 ☐ Non Sterile Bioburden Recovery B105	Sterility : ☐ USP Sterility Testing S702 ☐ Non-USP Sterility S700 ☐ USP Bacteriorstasis &Fungistasis S704 ☐ Non-USP Bacteriorstasis &Fungistasis S703
Bacterial Endotoxin (BET): ☐ Gel Clot BET E400 ☐ Gel Clot Inhibition & Enhancement E402	Environmental Monitoring: ☐ Surface samples EM900 ☐ Air samples EM901 ☐ Personnel Monitoring samples EM902 ☐ Water Testing EM903

**5. REQUESTED MICROBIOLOGY TESTING****Identification Testing:**

- ☐ Fungal Stain G501
☐ Gram Stain G500

Biological Indicator (BI) Testing:

- ☐ BI Sterility BI200
☐ BI Enumeration BI201

☐ **Other Testing:**

N/A Row	Test Code	Quantity	Requested Test / Special Instructions	Assigned Test Request # (For Internal Use Only)
☐				
☐				
☐				
☐				
☐				

6. TEST METHOD / SPECIFICATION INFORMATION

Method/ Acceptance Criteria

☐ N/A**7. SAMPLE DISPOSAL INSTRUCTIONS****After Testing is Completed:**

- ☐ Dispose After Testing
☐ Retain; Retention Period: _____
☐ Return Sample to Client
If returned, complete below.

RETURN INSTRUCTIONS☐ N/A Section

Attention to:		Return Shipping Condition
Return Address		☐ Ambient ☐ Refrigerated / On Ice ☐ Frozen ☐ Other: ☐ N/A
Carrier		
Carrier Account Number		
Declared Shipment Value		

**8. OUTSOURCED OR COORDINATED SERVICES**☐ N/A Section**Sterilization Services****Sterilization Required:**☐ Yes ☐ No ☐ N/A**External Testing Services****Sterilization Provider**☐ Sterigenics☐ STERIS☐ Other:**Outside Laboratory Testing Required:**☐ Yes ☐ No ☐ N/A**Testing Laboratory:****Test Requested:****Location:****Dose Specification**☐ _____ kGy to _____ kGy☐ Use Approved Customer Specification Range**9. COMMENTS / ADDITIONAL INSTRUCTIONS**☐ N/A Section*(Information entered in this section will not appear on the final report.)***10. REPORTING & INVOICING INFORMATION****Final Report Recipient****Invoice Recipient**☐ N/A; Same as
Final Report
Recipient**Company Name****Company Name****Address****Address****City / State / Zip****City / State / Zip****Contact Name****Contact Name****Email Address****Email Address****11. CLIENT AUTHORIZATION**

I certify that the information provided is accurate, completed and that the submitted samples are safe for laboratory handling unless otherwise indicated. I understand that testing will be conducted in accordance with applicable laboratory procedures, customer specifications, and ISO 13485 quality system requirements.

Name**Signature****Date**



Document Number:	Form 4.301
Document Title:	Test Request Form
Revision Number:	01
Revision Date:	07/29/2026

For Internal Use Only:**Received By/Date:****Reviewed Test Request
Form**

☐ Product, Lot# and Quantity matches, Test Request Form is complete with no questions or discrepancies, product arrived in good condition.
☐ Discrepancies, Questions, Potential Product Non-Conformity or sample damaged

Describe:

Client Contacted by/date:
(attach evidence of communication and resolution)

Reviewed By/Date:**Verified By/Date:****Comments**☐ N/A Section**Post-Test Sample Disposition**☐ Discarded, performed by/date:☐ Returned (Record Tracking No.):**Performed by/date:**