

	<b>USP &lt;797&gt; Media Fill Kit Test Request Form</b> Ship Samples To: Avista Pharma Solutions • Attn: Sample Login 104 Gold St. • Agawam, MA 01001 Email: login-ma@avistapharma.com	<b>For Internal Use Only</b>	
		Sample #:	
		Rec'd by Date/Time	
		Rec'd Via:	

Billing / Requestor Information			
PO #:		Quote #: (if applicable)	
Report Attn:		Send Invoice To:	
Company:		Company:	
Address:		Address:	
City/State/Zip		City/State/Zip:	
Phone:		Phone:	
E-mail:		E-mail:	

USP <797> Media Fill Kit Testing Information:			
Quantity and Type of Media Fill Kit	<input type="checkbox"/> Low Risk (STR.LAB057)	# of Kits submitted:	
	<input type="checkbox"/> Medium Risk (STR.LAB057)	# of Kits submitted:	
	<input type="checkbox"/> High Risk (STR.LAB057)	# of Kits submitted:	
Kit Lot # <sup>1</sup>	Technician Name <sup>1</sup>		Fill Date <sup>1</sup>

<sup>1</sup> These items are required for processing of the samples. If there are additional comments please document in the comments section.

USP <797> Media Fill Kit Purchase (CRS.3013) Information <input type="checkbox"/> N/A		
<input type="checkbox"/> Low Risk	Quantity Required	
<input type="checkbox"/> Medium Risk	Quantity Required	
<input type="checkbox"/> High Risk	Quantity Required	

Sample Handling Information (for media fill kit testing only)			
<input type="checkbox"/> Ambient	<input type="checkbox"/> 2 - 8°C	<input type="checkbox"/> - 15 - -25 °C	<input type="checkbox"/> -55 - -95°C

Additional Testing Comments
<input type="checkbox"/> N/A

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

I have read and agree to the General Terms and Conditions as listed in the quotation.

A Test Request Form and Purchase Order (PO) must be submitted with the product to initiate product testing services. Failure to submit completed Test Request Forms or include a PO may result in testing delays.