



Biocompatibility TEST REQUEST FORM

Complete all sections of this form and include it with your test article shipment. Ship to:

WuXi AppTec • 2540 Executive Drive • St. Paul, MN 55120

(1) 651.675.2000 TOLL FREE 888.794.0077 FAX 651.675.2008

For tips when completing electronically, hover your mouse over the fields/sections.

Biocompatibility testing to be conducted:

Non-GLP GLP

This form may be used for GLP test orders *only* when a master copy of the GLP protocol is on file.

NOTE:

Chemistry testing ordered on this form will be conducted non-GLP.

UPON TEST COMPLETION: [CHECK ONE]

DISCARD all test articles RETURN (\$50 fee applies): All test articles Unused only

Provide courier company and account # (\$25 fee applies if not provided):

P.O. #

CLIENT INFORMATION

ACCOUNT NUMBER/CLIENT CODE:

COMPANY NAME		CONTACT NAME / TITLE	
ADDRESS		PHONE	FAX
CITY / STATE / ZIP		EMAIL	

TEST ARTICLE INFORMATION

TEST ARTICLE IDENTIFICATION [As to be described on the final report]		PHYSICAL DESCRIPTION [For Test Article Prep section of the final report]	
		LOT #	EXPIRATION DATE
		QTY. SUBMITTED	
INTENDED USE / APPLICATION	SURFACE AREA MEASUREMENT Total surface area of component(s) being tested: _____ cm ² <input type="checkbox"/> N.A.	PHYSICAL STATE <input type="checkbox"/> Insoluble <input type="checkbox"/> Soluble <input type="checkbox"/> Liquid <input type="checkbox"/> Other (Specify):	
SAFETY PRECAUTIONS <input type="checkbox"/> None/Unknown (Use standard precautions) <input type="checkbox"/> Flammable	<input type="checkbox"/> MSDS Enclosed	CONTROLLED STORAGE CONDITIONS <input type="checkbox"/> Room temperature <input type="checkbox"/> Refrigerated (2°C to 8°C) <input type="checkbox"/> Frozen (-10°C to -60°C) <input type="checkbox"/> Ultracold (<-60°C) <input type="checkbox"/> Other (Specify):	
SUBMITTED STERILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	STERILIZATION METHOD <input type="checkbox"/> N.A. <input type="checkbox"/> EO <input type="checkbox"/> Radiation <input type="checkbox"/> Steam <input type="checkbox"/> Other (Specify):	WUXI APPTec TO EXPOSE TO: <input type="checkbox"/> N.A. <input type="checkbox"/> EO (55°C for 1 hour with 12 hour aeration) <input type="checkbox"/> Steam (Autoclave) Parameters: _____ <i>NOTE: Additional fees apply for this service.</i>	
<input type="checkbox"/> Do NOT cut test article. <i>If necessary, test article will be cut into sizes needed for testing unless box is checked.</i>	<input type="checkbox"/> Do NOT test entire article. Entire article will be tested unless box is checked. Specify components/materials to be excluded:	FOR HEMOCOMPATIBILITY TESTS (incl. Hemolysis, PTT, P&L Counts, IVT Hemo and Complement Activation) <input type="checkbox"/> Test blood-contacting portions ONLY (per ISO 10993-4) Entire article will be tested unless box is checked. Specify blood-contacting components/materials to be tested:	

COMPARISON / CONTROL ARTICLE

Complete this section if Sponsor is supplying a comparison/control article. N.A.

COMPARISON / CONTROL ARTICLE IDENTIFICATION	PHYSICAL DESCRIPTION OF CONTROL ARTICLE		
	LOT #	EXPIRATION DATE	QTY SUBMITTED

See Page 2 of this form to provide testing information and signed authorization.

