



**IMMUNOSITE TECHNOLOGIES LABORATORY
PARTICLE CHARACTERIZATION**

SERVICE REQUEST FORM

COMPANY: _____ DATE: / /
 CONTACT: _____ EMAIL: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____

NOTE: Material Safety Data Sheets and Purchase Order Number are required before samples can be processed

| | | | |
|--|---|--|--|
| <input type="checkbox"/> LS Series (0.04 - 2000 μm) Universal Liquid Module <input type="checkbox"/> Aqueous Liquid Module <input type="checkbox"/> | <input type="checkbox"/> LS Series (0.4 - 2000 μm) Dry Powder System <input type="checkbox"/> Micro Liquid Module <input type="checkbox"/> | <input type="checkbox"/> Vi-Cell Size <input type="checkbox"/> Concentration <input type="checkbox"/> Viability <input type="checkbox"/> | <input type="checkbox"/> Diluent Water <input type="checkbox"/> IPA <input type="checkbox"/> Other <input type="checkbox"/> |
| <input type="checkbox"/> DelsaNano (0.6 nm - 30 μm) Size <input type="checkbox"/> Zeta Potential <input type="checkbox"/> | <input type="checkbox"/> Multisizer (0.4 - 1600 μm) Size Distribution <input type="checkbox"/> Concentration <input type="checkbox"/> | <input type="checkbox"/> Photomicrography | <input type="checkbox"/> Electrolyte Isoton <input type="checkbox"/> IPA <input type="checkbox"/> Other <input type="checkbox"/> |

| SAMPLE INFORMATION | | <input type="checkbox"/> PHARMACEUTICAL SAMPLES | ADDITIONAL INFORMATION | |
|--------------------|----------|---|------------------------|--|
| SAMPLE I.D. | MATERIAL | ESTIMATED SIZE RANGE (Optional) | R.I. (Optional) | |
| | | | | |
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OPTIONAL INFORMATION

SAMPLE PREPARATION INSTRUCTIONS

Dispersion Aid (specify) _____ Ultrasonication (specify) _____

Preferred method for sample preparation (specify) _____

COMMENTS: _____

SAMPLE SHIPPING AND STORAGE REQUIREMENTS: Room Temperature Refrigerated (2° - 8°C)

Report Method: Email Fax USPS

Turnaround: Standard Express (2 business days) Expedited (24 hours)

PAYMENT INFORMATION

Quote: _____ **PO No.:** _____

CREDIT CARD: Visa MC AM Ex **Last 4 Digits/Auth.Code:** _____ / _____ **Exp. Date:** / /

Send invoice to: _____

This customer has given IST the verbal authorization to perform the analyses described above and has agreed to the cost of the sample analyses.

YES NO

This customer wishes for the return of sample(s) after analysis completion (refer to PRD-PC-6.02 for the return procedure).

YES NO

FOR LAB USE ONLY

IST Sample ID No.: _____ **Date:** / / MSDS has been received by IST Lab

Sample Condition: Acceptable Not Acceptable

Signature of IST Lab Personnel