



259 Wall Street, Princeton, NJ, 08540  
 259 Prospect Plains Rd. Bldg. E-1, Cranbury, NJ 08512

Client Information				Report/Billing Information			
Client Company:				Report to (ATTN):			
Client Contact:				Report Address:			
Telephone:				Invoice to (ATTN):			
Fax:				Invoice Address:			
Email:				If hard copy of report is required, please provide FedEx account #:			
Turn Around Time		Sample Login (Select any that apply)		Quote# (attach copy):			
<input type="checkbox"/> Routine	<input type="checkbox"/> Rush (Additional Cost)	<input type="checkbox"/> Conventional Material Login	P.O.#:				
<input type="checkbox"/> 1-3 Days	<input type="checkbox"/> 4-5 Days	<input type="checkbox"/> High Containment/Cytotoxic Material Login					
<input type="checkbox"/> Other:		<input type="checkbox"/> Antibiotic Material Login	PASC Contact:				
		<input type="checkbox"/> Critical Biological Kit/Reagent					
		<input type="checkbox"/> Matrix					
		SDS Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Controlled Substances		Storage Conditions		Testing Requirements		Additional Requirements	
Schedule: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5 222-Form #: Please include a copy of DEA Registration		<input type="checkbox"/> Room Temperature <input type="checkbox"/> Protect from Light <input type="checkbox"/> Refrigerate (2C to 8C) <input type="checkbox"/> Freeze (-10C to -25C) <input type="checkbox"/> Freeze (-70C) <input type="checkbox"/> Freeze (-80C) <input type="checkbox"/> Other:		GMP – CFR 21 <input type="checkbox"/> 210 +211, General-Drugs, FP <input type="checkbox"/> 600 – 680, Biologics <input type="checkbox"/> 820, Medical Devices <input type="checkbox"/> 1271, Human Cells, Tissues, and Cellular and Tissue-Based <input type="checkbox"/> Non GMP/GLP Testing <input type="checkbox"/> Other:		GLP <input type="checkbox"/> CFR 21 Part 58 – GLP for Non-Clinical Lab Studies <input type="checkbox"/> EPA Title 40 Part 160 – Protection of the Environment <input type="checkbox"/> EPA-830, Product Properties Test Guidelines	
				<input type="checkbox"/> Stability <input type="checkbox"/> Compendial <input type="checkbox"/> Verification Required <input type="checkbox"/> Other:		<input type="checkbox"/> Method Validation <input type="checkbox"/> Method Transfer <input type="checkbox"/> Method Development	
Additional Comments:						Internal Use Only	
Sample ID	# of Containers/Vol	Sample Description	Testing	Comments	PASC ID	Location	
Ensure the Sample ID recorded above reflects the sample container label. If this is not possible, Note the discrepancy. (Sample ID will appear on Final Reports exactly as written above)							
Sample Disposition (Unused sample will be discarded 45 days from report date unless return is requested)							
<input type="checkbox"/> Discard Sample <input type="checkbox"/> Return Sample, Provide Client Courier #:							
PASC performs testing following accepted industry standards and in accordance with our Standard Operating Procedures. If the client directs PASC to perform analyses that differ from standard or recommended procedures, the client shall be the responsible party. The client shall not in any way hold PASC responsible for claims, damages, or expenses arising from following client's directives.							
I authorize PASC to perform the above analyses:			PASC Study#:		Rec. Date:		
Signature/Date:			(Internal Use Only)		(Internal Use Only)		

## OCCUPATIONAL HEALTH HAZARD BAND

<b>Common Name:</b>	<b>Occupational Exposure Band (OEB):</b>
<b>CAS Number:</b>	<b>Initial Review Date:</b>
	<b>Revision Date:</b>
<b>Pharmacological/Chemical Class:</b>	

Occupational Exposure Band (OEB)	Occupational Exposure Limit for Solid ( $\mu\text{g}/\text{m}^3$ )	Occupational Exposure Limit for Liquid (ppm)
A	>1000	>50
B	100-1000	5-50
C	10-100	0.5-5
D	1-10	0.05-0.5
E	<1	<0.05

**Mechanism of Action:**

**Therapeutic Indication and Dose:**

**Pharmacokinetics:**

**Toxicity Data:**

- **Acute Toxicity:**
  - GHS Code:
  - Hazard Statement:
  - Hazard Category:
- **Repeated Dose Studies :**
  - GHS Code:
  - Hazard Statement:
  - Hazard Category:
- **Carcinogenicity:**
  - GHS Code:
  - Hazard Statement:
  - Hazard Category:
- **Genotoxicity:**
  - GHS Code:
  - Hazard Statement:
  - Hazard Category:
- **Reproductive and Developmental Toxicity:**
  - GHS Code:
  - Hazard Statement:

- Hazard Category:
- **Specific Target Organ Toxicity:**
  - GHS Code:
  - Hazard Statement:
  - Hazard Category:
- **Skin Corrosion/Irritation:**
  - GHS Code:
  - Hazard Statement:
  - Hazard Category:
- **Eye Damage/Irritation:**
  - GHS Code:
  - Hazard Statement:
  - Hazard Category:
- **Skin Sensitization:**
  - GHS Code:
  - Hazard Statement:
  - Hazard Category:

**References:**

**Prepared/Approved By:**