



Order Form

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Contact Details

Company Name _____

Address _____

Contact Person _____

Email _____

Phone _____ Fax _____

Testing Details

Product category: Medical drug Medical device Other _____

Please describe the product to be tested: _____

Number of samples _____

When would you like to deliver your samples to us? _____

How fast do you want your results?

- Standard (results available 3-5 business days from sample delivery)
- Premium (results available 48 hours from sample delivery)

Main test: Total pyrogen load (equivalent endotoxin unit/mL or device)

Optional tests:

- Endotoxin-specific (EU/mL or EU/device)
- Non-endotoxin pyrogens (EEU/mL or EEU/device)
- Positive Product Control (%)

How should we deliver your results?

- Email (password-protected PDF)
- Fax
- Hard copy

If you selected email delivery of your results, please provide the password you would like us to set for your encrypted PDF. _____

Test Selection

Sample Description		Main Test	Optional Tests		
Sample Number	Sample Name	Total Pyrogen Load (EEU/mL)	Endotoxin-specific test (EU/mL)	Non-endotoxin pyrogen (EEU/mL)	Positive Product Control (%)
1		Included			
2		Included			
3		Included			
4		Included			
5		Included			
6		Included			
7		Included			
8		Included			
9		Included			
10		Included			
11		Included			
12		Included			
13		Included			
14		Included			
15		Included			
16		Included			
17		Included			
18		Included			
19		Included			
20		Included			