

## Chain of Custody Record-Sample Submission Form

Please fill in the information requested in the spaces provided below. One line item for each sample submitted

																		<u>-</u> .	
	Client Information	Billing Information:			PO Number	For Internal Use Only													
Company Name:						Y	ear:											SHIP TO:	
Contact Name																		Midwest Compliance Labs	
Address:						С	lient	Cod	e:									2458 N. Chamberlain Street	
City, State Zip:																		Terre Haute, IN 47805	
Phone Number:											Pa	ge	of _		-			812-872-2221	
Email Address:				Collection Information Contain			Test Requested												
Specifications:	Turn Time: (Rush times will incur a surcharge and																		
USP	Standard must be pre-approved by the lab)  Rush Specify "Need By" date																		
FCC CLIENT																			
OTHER	Other:Describe																		
OTHER					>														
For Internal Lab			ه ا	<b>Q</b>	Quantity														
Use Only-SAMPLE ID	Client Sample ID/Lot Number/ De	scription	Date	Time	Øns													COMMENTS	
		•																	
			1																
			1																
		Ado	ditional In	format	ion Required	for St	abilit	y Stu	dy Rec	quest									
Storage:	Controlled Room Temp (25 °C ± 2	Accelera	erated (40 °C ± 2°C /75%RH ± 5%)											Other (Please define):					
Stability Intervals I	Requested (Please list):																		
Submitted By:		Received	Received By Date/Time									nple m	eets	MC L	abs Ad	ccepta	ance Criteria [ ] YES [ ] NO		
-		Confirmation Transmitted To:										Received Sample at lab on Ice [ ] YES [ ] NC							
Confirmation of San	mple Receipt Required [ ] YES									[ ] YES									

All samples submitted to Midwest Compliance Laboratories for analysis are accepted on a custodial basis only. Ownership of the material remains with the client submitting the samples. Midwest Compliance Laboratories reserves the right to return unused sample portions.

Form No.: QS-1006-002 Revision No.: Original Approved By: ME