

## SAMPLE SUBMISSION FORM

Please Note: The following information marked with \* is required for sample analysis. Please submit this form with your samples to avoid delays.

### CLIENT DETAILS

\*Company Name: \_\_\_\_\_  
 Customer ID: \_\_\_\_\_ \*Site/Location: \_\_\_\_\_  
 \*Primary Contact Name: \_\_\_\_\_ \*Phone / E-mail: \_\_\_\_\_  
 \*Billing Address: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_

Purchase Order: \_\_\_\_\_ Quotation #: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 \*COA Delivery Email: \_\_\_\_\_

### **\*Expected TAT (Working days):**

Regular (3-5)  Express (2-3)  Next Day (1)-approval needed

### SAMPLE INFORMATION

\*Sample Description/Name: \_\_\_\_\_  
 \*Lot #: \_\_\_\_\_  
 Formulation ID: \_\_\_\_\_  
 \*Dosage Form: \_\_\_\_\_  
 \*Storage Conditions: \_\_\_\_\_  
 \*Matrix: \_\_\_\_\_  
 \*# of Samples per Container Sent: \_\_\_\_\_

### SAMPLE TESTING

Active	Concentration	Time Point(s) (If applicable)	Starting Material/COA included (Y/N)	Testing Specs	Tests Requested

Additional Notes:

### SAMPLE RECEIVED INFO: (Office Use Only)

Received Date/ Time:	/ /	Sample Received By:	
Storage Condition:	Room Temp/Fridge/Freezer	Sample ID:	
Signature:			