

## 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:			