



# SAMPLE SUBMISSION FORM

(Analysis Shall Only Commence Upon Receiving Sample/s Accompanied With Sample Submission Form or written instructions containing equivalent information)

<b>Company:</b>	
<b>Address:</b>	
<b>Contact Person:</b>	
<b>Phone:</b>	
<b>E-Mail:</b>	
<b>Authorization:</b> (signature)	

<b>Bill To:</b>	
<b>Billing Address:</b> (If different)	
<b>P.O. Number:</b>	
<b>Quote Number:</b>	
<b>Date Sample/s Sent:</b>	
<b>Other Instructions:</b>	

<b><u>STORAGE CONDITION</u></b> <b>(I)</b> RT <b>(II)</b> Refrigeration (2-8°C) <b>(III)</b> Freezer	<b><u>SPECIAL HANDLING</u></b> <b>(N)</b> Normal <b>(H)</b> Hazardous <b>(L)</b> Light Sensitive <b>(O)</b> Other
<b><u>ANALYSIS TYPE</u></b> <b>(1)</b> QC Release <b>(2)</b> Stability <b>(3)</b> R&D <b>(4)</b> Method Development <b>(5)</b> Method Validation <b>(6)</b> Method Verification <b>(7)</b> Method Transfer <b>(8)</b> Cleaning	
<b><u>TURN- AROUND TIME</u></b> <b>Standard</b> (7- 10 Working Days) <b>Rush</b> (3- 5 Working Days) <b>Emergency</b> (24- 48 Hours) Emergency & Rush analysis requires prior approval	<b><u>SAMPLE DISPOSITION</u></b> (After Completion of Analysis) <b>Return</b> <b>Dispose</b> Disposal charges may apply

**REGULATORY REQUIREMENTS:**

Method Validation, Method Verification or Method Transfer, and Microbiology Suitability Test **MUST** have been performed prior to any analysis to ensure site qualification

No.	Sample Name	Quantity	Lot #	Test	Method No.	Rev. No.	Specification & Rev. No.	Analysis Type	Storage	Handling
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

**Date Received:** \_\_\_\_\_

**Received by:** \_\_\_\_\_  
(QCL Receiver)