Sample Submission Form for Laboratory Testing
Accredited Testing Laboratories of SCHOTT AG

Company name: _____________________________  Contact person: _____________________________

Phone #: _____________________________  Email: _____________________________

Service request/type: _____________________________

Circle one: Ampoule  Cartridge  Vial  Syringe  Other → (describe _____________________________)

Number of Ampoules/Cartridges/Vials/Syringes/Other: _____pcs.  Nominal Fill Volume: _____mL

Circle one: Empty  Placebo  Drug Product  (If filled, actual fill volume): __________

Drug Product Name: _____________________________

Samples from storage test: yes / no  2-8°C  25°C  30°C  40°C  60°C  other:____

Duration:___________  Orientation: Upright  Inverted  On Side

Cooled transportation: yes / no  Storage condition after sample receipt: 2-8°C  RT  40°C  60°C

MSDS/safety data sheets included? ____  Are samples carcinogenic/mutagenic? ______

Note MSDS/safety data sheet required for filled containers with placebo or drug product and for emptied containers that were filled with drug product to ensure safe handling.

Do samples need to be returned? ______  If yes, carrier & acct. #: _____________________________

Return sample shipping address:

Quotation #: _____________________________  P.O. #: _____________________________

Signature: _____________________________  Date: _____________________________

Shipping Information: Please ship your samples to the laboratory location given in the quotation and include in the shipment this form on the outside of the package with the shipping paperwork (e.g. pro-forma invoice). Please use incoterm: “Delivered at Place (DAP)”.

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*** Please attach this sample submission form on the outside of the shipment for customs inspection. ***