

Sample Submission Form for Laboratory Testing

Company name: _____ Contact person: _____

Phone #: _____ Email: _____

Service request/type: _____

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

of Ampoules/Cartridges/Vials/Syringes: _____ Nominal Fill Volume: _____

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

Drug Product Name: _____

Sample Storage Temp: 2-8C 25C 40C 60C other Orientation: Upright Inverted On Side

MSDS/safety data sheets included? _____ Are samples carcinogenic/mutagenic?: _____

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

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