

SAMPLE SUBMISSION FORM

Reference Quote: _____

Reporting Information

Report To: _____
Company: _____
Address: _____
City: _____ State: _____
Phone: _____ Fax: _____
Email: _____

Sample Information

Sample ID #: _____
Lot Number: _____
Sample Name: _____
Storage Conditions: Room Temperature Refrigerated Frozen # of Samples: _____

Requested Testing: Validation Routine

Potency Testing

Potency Active: _____ Concentration: _____
 BUD Active: _____ Concentration: _____
Active: _____ Concentration: _____
Active: _____ Concentration: _____

Please indicate Additional Testing: _____

Microbiological Testing

USP <71> Sterility
 USP <71> Method Suitability Test Batch Size (e.g. 50 x 10mL vials): _____
 USP <85> Endotoxin Gel Clot Kinetic Turbidimetric Kinetic Chromogenic
 Medical Device Medical Device in contact with CSF Pharmaceutical (Endotoxin Limit) EU/mL
 EU/mg
 USP <61> USP <62> Other
 AATCC (Please specify method) _____
 Other (Please specify) _____

Rush Service: Yes No (additional charges may apply for Rush Service)

Special Instructions: _____

TESTING AUTHORIZED BY : _____ **DATE:** _____

Testing will not be initiated without signed authorization.