

SAMPLE SUBMISSION FORM

30 Silverline Drive North Brunswick, MJ 08902 Tel: 732.253.7373 www.infinitvlaboratories.com

SEND REPORT TO:	SEND INVOICE TO:			
Company:	Same as Report Acct. Payable Address			
Address:	Address:			
City, State, Zip:	City, State, Zip:			
Contact Name:	Contact Name:			
Phone (EXT.):	Phone (EXT.):			
Fax #:	Fax #:			
E-mail:	E-mail:			
	PO #:			

Date Submitted:

	QTY	Product	Lot Number	Type of Test	Method to be followed	Specification Reference
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
OS Inv	vestigation: I	sample does not meet specific	ation, do you require Eurofins	to perform Out-Of-Speci	fication (OOS) Investigation?	Yes No

OOS Investigation: If sample does not meet specification, do you require Eurofins to perform Out-Of-Specification (OOS) Investigation? Yes

Sample Disposition: Dispose of Sample Return Sample: Shipping Account #:

Eurofins will dispose of sample(s) 30 days post report issue date unless other arrangements are requested.

MoCRA Applicability: Are these sample(s) associated with cosmetic product batch release testing (includes associated raw materials)? Yes No

Payment: Payment must be received within 30 days (unless other payment arrangements have been established.) The credit hold policy will apply after 30 days (please see Quotation terms).

Rush Service: These samples receive priority handling: logged and put on test immediately upon receipt. If selected a RUSH fee will apply: Yes No

Final report to be E-mailed to client contact upon QA/QC approval of test results.