

SAMPLE SUBMISSION FORM

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

Date Submitted:

PO#:

Eurofins Quote #:

	QTY	Product	Lot Number	Type of Test	Method to be followed	Specification Reference
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Shipping Conditions:			Sample Storage:		
Ambient/Room Temp	On Ice		Ambient/ Room Temp	Refrigerator (2 to 8 C)	
On Dry Ice	On Liquid Nitrogen		Freezer (-10 to -25 C)	Freezer (≤ -75 C)	

OOS Investigation: If sample does not meet specification, do you require Eurofins to perform Out-Of-Specification (OOS) Investigation? Yes No

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.

GXP Applicability (21CFR210-211, etc.): Are these sample(s) associated with drug product or drug substance batch release testing (includes associated raw materials)? Yes No

What is the intended use of the sample(s)? _____ Will this analysis be utilized to support a regulatory filing/submission? Yes No

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

Rush Service: These samples receive priority handling: If selected a RUSH fee will apply: 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 (see Quotation terms).

Notes: _____