



Nelson Laboratories
Sample Submission Form

**PLEASE INCLUDE THIS FORM
 WITH YOUR SAMPLE SHIPMENT**

(This space to be used for Lab# Barcode)

Sponsor Information: (Will be printed on final report)

Contact:			
Company:			
Phone:			
Fax:			
E-Mail:			
Address:			
City:	State:		
Zip:	Country:		

Billing Information: Same as Sponsor

Contact:			
Company:			
Phone:			
Fax:			
E-Mail:			
Address:			
City:	State:		
Zip:	Country:		

Optional Testing Services:

Perform Testing STAT (50% Extra charge)

GLP (Extra charge)
 Sample label must match the ID on this form

Reports are available for immediate electronic download from Nelson Laboratories Secure Website. See www.nelsonlabs.com for further information about this fast and eco-friendly service.

Sample ID / Lot #: (Please type or print clearly; this ID will be used to identify the samples on the final report.)

P.O. #:		Quote #:	
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	Test Code	Test Description	PDS # / SDS # (if applicable)	# of Samples	Tested Individually	Pooled
1						
2						
3						
4						
5						

Sample Disposition	Shipping Condition	Sample Storage Condition	Sterilization (if applicable)	
Discard Samples	Ambient	Room Temperature	Radiation sterilized product	
Return Samples (Extra charge)	On Ice	Refrigerator (2 to 8° C)	EO sterilized product	
<input type="checkbox"/> Return Sample Container (Extra Charge)	On Dry Ice	Freezer (-10 to -25° C)	Yes	No - Product has been degassed
		Freezer (≤ -70° C)		

Comments or Special Instructions:

Completed By: _____ Date: _____