

# NELSON LABS SUBMISSION FORM GUIDE

Thank you for choosing Nelson Laboratories. In order to provide you with the highest quality of testing, we have created this document to help you fill out the sample submission form. This document will step you through the submission form section by section, annotating precisely what each section is for, and how to complete it. We hope this will help you as you undertake this essential step in the testing process.

If additional assistance is needed, contact the Client Services department at **801-290-7503** or email **clientservices@nelsonlabs.com**.

Sponsor Information: (Will be printed on final report)				Billing Information: Same as Sponsor <input type="checkbox"/>			
Contact:				Contact:			
Company:				Company:			
Phone:				Phone:			
Fax:				Fax:			
E-Mail:				E-Mail:			
Address:				Address:			
City:		State:		City:		State:	
Zip:		Country:		Zip:		Country:	

**1. Sponsor Information**– Supply information for the person commissioning the testing. This person will be contacted with any questions regarding the testing, and will also be listed on the final report. This is the only person who will be given the results of the study unless prior arrangements are made.

**2. Billing Information**– Supply information for the individual who is responsible for payment and the address for final invoicing and statements. This is the Accounts Payable contact information.

Optional Testing Services:
<input type="checkbox"/> Perform Testing STAT (50% Extra charge)
<input type="checkbox"/> 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](http://www.nelsonlabs.com) for further information about this fast and eco-friendly service.

**3. Optional Testing services**  
**STAT**– Check this box to expedite the testing process. *(This service adds 50% to the price of the testing).*

Please contact the laboratory for specific details on STAT testing on a test-by-test basis.

**GLP– Good Laboratory Practice**– This should be selected for any study that will be submitted for FDA review. GLP service includes an audit of one phase of the study and final report review both by a qualified Quality Assurance Auditor *(There is an extra charge for this service).*

FDA GLP study fee	\$275.00
or 15%, whichever is greater	
EPA GLP study fee	\$375.00
or 15%, whichever is greater	

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

**4. Sample ID/Lot #**– This area is used to describe your product/sample. Please supply specific details including lot numbers, product titles, and/or a description of the product. For GLP studies, the **Sample ID/Lot #** written must precisely match the ID on the sample packaging. This information will be included in the final report.

**P.O. #– Purchase order (P.O.) number.** Please include the number or reference for the purchase order that will pay for testing. Please ensure that the P.O. amount is sufficient to cover the price of testing requested including any surcharges or optional testing services.

**Quote #**– If you received a price quote from our sales team, please include the **Quote Reference Number** here. The Quote Reference Number is located in the upper right hand corner under the date and consists of three letters followed by at least five numbers. *(This is not the dollar figure that was quoted – this is the Quote Number listed on the sales quote.)*

If you need a price quote, please contact the Nelson Laboratories Sales Department at **801-290-7502** or e-mail **sales@nelsonlabs.com**.

	Test Code	Test Description	PDS # / SDS # (if applicable)	# of Samples	Tested Individually	Pooled
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>

5. **Test Code**– Supply the alphanumeric code for the test you are ordering. This number is indicated on your price quote as well as in the Nelson Laboratories pricing guide ([Download Now](#)). For further assistance please contact the sales team.

**Test Description**- Supply the name of the test you are ordering. The name can be found on your price quote and in the Nelson Laboratories pricing guide to the left of the test code.

**PDS/SDS#–**

**PDS– Protocol Detail Sheet (PDS)** is an approval form that indicates specific testing details that supplement the **Standard Testing Procedure (STP)**. This form is used for any study where there are specific changes or additions to the STP. *(Please note that an STP is required for all GLP studies, whether there are any changes to the STP or not.)*

**SDS– A Sample Detail Sheet (SDS)** details any special handling or preparation of your specific product. This form is used in conjunction with an STP but it does not change or add to the STP. It may be used along with a PDS for GLP studies but is not required.

**# of samples**– Total number of samples sent for **testing purposes**. Note that the total number of samples sent could differ from the total number of samples tested. *(Extra samples may be included.)*

**Tested individually/Pooled**– Check the appropriate box to indicate whether you want the samples to be tested individually *(e.g., separately – one result per sample)* or pooled *(e.g., tested together as one sample – one result per multiple samples)*.

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

6. **Sample Disposition**– All samples for GLP studies will be returned, but you may choose to have Nelson Laboratories dispose of non-GLP samples after testing is complete.  
 If **Discard Samples** is checked, your samples will be disposed of.  
 If **Return Samples** is checked, your samples will be returned to the person listed in the sponsor information section *(see #1)*. Additional charges will apply.  
 If **Return Sample Container** is checked, only the shipping container itself will be returned. Additional charges will apply.

**Shipping Condition**– Please indicate how your samples will be arriving at Nelson Laboratories.

**Ambient**– Sample shipped without ice.

**On Ice**– Sample shipped with regular ice.

**On Dry Ice**– Sample shipped with dry ice.

**Sample storage condition**– Please indicate how samples should be stored upon arrival at Nelson Laboratories.

**Sterilization**– If your product was sterilized; please indicate which method of sterilization was used. A product that has been degassed has been EO sterilized and then aerated.

Comments or Special Instructions:

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

FRM100 Rev 03

Please ship all samples with this form to: 6280 South Redwood Road Salt Lake City, Utah 84123 USA

Phone: 801-290-7500 Fax: 801-290-7998 Sales: sales@nelsonlabs.com

7. **Comments**– You may use this area to provide any additional details or instructions.

**Sign & Date**– Please sign and date this form to authorize testing.



**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

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


<b>P.O. #:</b>		<b>Quote #:</b>	
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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: \_\_\_\_\_