



Apply bar code
Lab number

SAMPLE SUBMISSION FORM

(Please print clearly)

1. SPONSOR: _____
Your company's name

2. CONTACT: _____
One person authorized to answer technical questions and receive the final report

3. ADDRESS: _____
Your company's address. This is where the final report will be sent. If applicable, please indicate billing address in the comments section

_____ *City* _____ *State* _____ *Zip*

4. PHONE: _____ FAX: _____ E-MAIL: _____

5. #	NLI Test Code	Test Description	# Samples
1.			
2.			
3.			
4.			

6. SAMPLE ID: _____
This ID will be typed into the final report. Please double check all entries

_____ LOT #: _____

7. P.O. # _____ PRICE: _____

8. DATE PRELIMINARY RESULTS ARE REQUIRED: _____

9. PERFORM TESTING STAT* FAX PRELIMINARY RESULTS E-MAIL PRELIMINARY RESULTS
50% extra charge (final report will be faxed) *Non-encrypted*

- | | | |
|---|---|---|
| 10. Testing
Perform study GLP?
<input type="checkbox"/> Yes* <input type="checkbox"/> No
<input type="checkbox"/> Return samples*
<input type="checkbox"/> Discard samples
<i>*Extra charge</i> | Storage conditions
<input type="checkbox"/> Store samples at room temperature
<input type="checkbox"/> Refrigerate samples upon arrival
<input type="checkbox"/> Store samples frozen
<input type="checkbox"/> Other: please specify in the comments section | Sterilization
<input type="checkbox"/> Radiation sterilized product
<input type="checkbox"/> EO sterilized product
Has product been degassed?
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|---|

11. COMMENTS: _____
Any additional information including: special billing, safety precautions, and estimated sample value (if greater than \$1000)

Use additional pages as necessary and attach to this form

12. AUTHORIZATION SIGNATURE: _____ DATE: _____