SAMPLE SUBMISSION FORM

Deliver Samples to:
GIBRALTAR LABORATORIES, INC.
16 Montesano Road
Fairfield, NJ 07004-2405

Nelson Labs®
Formerly Gibraltar Laboratories

Phone 973-227-6882
FAX 973-582-1565
www.NelsonLabs.com

P.O. No (Required for test to be scheduled) _____ Quote No: _____ Date Sent: _____

Company: _____ Address: _____

City, State, Zip: _____

Phone: _____ Ext. _____ Fax: _____

Contact: _____ E-mail Address: _____

Address Report: _____

Address Billing: _____

Test Article (Exact name to appear on final report)	Test Description	Lot #	Specification

*Use additional pages if needed.

Shipping Conditions: ○ Ambient ○ On Ice Pack ○ On Dry Ice

Sample(s) Storage Requirements: ○ Ambient ○ Refrigerator ○ Freezer -20˚C ○ Freezer -70˚ C ○ Other

Samples submitted for: ○ Initial Testing ○ Retest

DEA Controlled Substance: ☐ Classes I & II ☐ Classes III& IV

Client test methods applied: _____

Is it to be GLP?* ○ Yes ○ No

RUSH? ☐ Yes (+100% Fee) FedEx or UPS#: _____

Do you request Gibraltar to initiate an OOS investigation if out of specification results occur? ○ Yes ○ No

Ethylene Oxide Categories

Use: ○ Limited (<24 Hour) ○ Prolonged (24hr - 30 dys) ○ Permanent Use (30 dys+)

Analysis: ○ Individual ○ Composite

Temperature: ○ 20-25°C ○ 35-39°C

Please provide TCL (tolerable contact limits) device area in cm^2 _____

Comments (Please use space below for further instructions, additional lot numbers, etc.)- _____

This form completed by: (Name) _____ (Title) _____

Please see our website for other services. http://www.NelsonLabs.com/testing/

GLP Note: GLP studies require additional time for protocol development. Please contact Quality Assurance for assistance (**973/227-6882**, Ext: 506). Non-GLP studies conform to the same standards as GLP except for additional administrative and record keeping requirements. If payment is to be made by Credit Card please go to http://www.gibraltarlabsinc.com/payments/ and follow directions.

Clear Form **E-Mail SS Form**