

## **Non-GLP**

Sample Shipment to:

Toxikon Corporation
Attn: Sample Login
15 Wiggins Avenue, Bedford, MA 01730
Ph: (781) 275-3330 FAX: (781) 271-1138

## **TEST REQUISITION FORM**

1: REPORT ADDRESSED AND MAILED TO	2: BILLING INFORMATION
Company Name:	Purchase Order No.:Quotation No.:
Company Contact:	Billing Address (if different):
Address:	billing Address (if different).
	City:
City:	State:
State:	ZIP Code: Country:
Country:	Billing Comments:
Phone No.:	
Fax No.:	
Email:	
3: TEST ARTICLE IDENTIFICATION	4: CONTROL ARTICLE IDENTIFICATION
Test Article Name (Exact wording will be in the final report):	Control Article Name (If Sponsor-Supplied):
LOT/BATCH No.:	LOT/BATCH No.:
OAO On de l'ét annière blade	
CAS Code (if applicable):	CAS Code (if applicable):
Other (Optional information about test article, such as sterilization	Other (Optional information about test article, such as sterilization
or expiration date if applicable):	or expiration date if applicable):
	<del></del>
Amount Submitted:	Amount Submitted:
Sample Submitted is: O Sterile O Not Sterilized	Sample Submitted is: O Sterile O Not Sterilized
Storage Condition:	Storage Condition:
Room Temp. 4°C±2°C -20°C±4°C -80°C±12°C	O Room Temp. O 4°C±2°C O -20°C±4°C O -80°C±12°C
Other Temp:	Other Temp:
9 '	<u> </u>
5: DISPOSITION of TEST/CONTROL ARTICLE	
0.5:	
O Dispose O Return unused	If samples to be returned, please provide shipping account information:
Return used & unused	UPS OFedEx Other:
	Account Number:
* Note: Unless specified on the test request form, 1) all samples	will be stored at room temperature, 2) all samples will be

disposed of without prior notice to Sponsor, and 3) If Sponsor does not provide shipping account number, then Sponsor will incur a minimum of \$125 per shipment of returned test article.

	TOXIKON USE ONLY	
STUDY DIRECTOR SIGNATURE:		DATE:
TOXIKON PROJECT NUMBER:	LOGIN INITIALS	LOGIN DATE:



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## **TEST REQUISITION FORM**

6: LIST TEST SELECTION	6:	LIST	<b>TEST</b>	SEL	ECT	<b>101</b>
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		REFERENCE		EXTRACTION	ONS SPEC	CIFICATIO	NS	
STUDY NAME	<b>E</b>	REFERENCE	Direct CONDITION VEHICLE(S)-Select number extract vehicles, as applicable					
			Contact		Extra	Vernicie	3, as app	lcai
_							+	╆
							+	
							+	
ction conditions are not spec					(11 00)		(000)	<u>.                                    </u>
at 70°C for 24 hours for all st	udies other than Cvtoto	xicity. For Cytotox	icitv. the defau	ılt conditions are	37°C for 24	l hours usi	ng MEM as	a v
	-						_	
EXTRACTION RATIO								
By Surface Area:	O 6cm²/mL (Thick	(2000 < 0 Emm)	$\bigcap_{2}$	cm²/mL (Thicknes	00 >0 Emm	.\		
<u> j by Surface Area</u> :	•	-		infine (Thicknes	SS ≥0.5IIIII	1)		
By Weight:	vvnat is totai st 0.2g/mL	<i>ırface area per/uni</i> 0.1g/mL	ι					
By Fluid Pathway:		fluid volume						
Other:	Specify interior	nuia voiume						
: COMMENTS/SPECIAL IN	ISTRUCTIONS							
AUTHORIZATION								
	NATURE:			DATE	:-			
	NATURE:			DATE	::			
PONSOR ACCEPTANCE SIGN		TOXIKON US						
AUTHORIZATION  PONSOR ACCEPTANCE SIGNATURE: OXIKON PROJECT NUMBER:		TOXIKON US	SE ONLY	DATE:				