ASSOCIATES OF CAPE COD INCORPORATED

CONTRACT TEST SERVICE
Sample Submission Form

COMPANY NAME: _____

CONTACT NAME: _____

NUMBER OF SAMPLES IN SHIPMENT: _____

Customer ID Number: _____

ACC Use Only

Internal Control Number: _____ - _____

Received by ACC: _____

Received by CTS Lab: _____

By submitting this Sample Submission Form (SSF) and sample(s) to the Associates of Cape Cod, Inc. (ACC) Contract Test Service (CTS) Department, you are authorizing the analysis of your sample(s) as indicated on the SSF and according to ACC Standard Operating Procedures.

Sample Identification*	Lot Number	Concentration or Maximum Dose	Endotoxin Limit	Report EU per g, mg, mL, or device (Check box)	Storage Temp.**
				☐ g ☐ mg ☐ mL ☐ device	
				☐ g ☐ mg ☐ mL ☐ device	
				☐ g ☐ mg ☐ mL ☐ device	
				☐ g ☐ mg ☐ mL ☐ device	
				☐ g ☐ mg ☐ mL ☐ device	
				☐ g ☐ mg ☐ mL ☐ device	

*If additional space is required, use multiple forms.
** If no storage temperature is indicated, the samples will be stored refrigerated.

Study Initiated

Initial/Date

TYPE OF SAMPLE

☐ Biological ☐ Biotech ☐ Chemical ☐ Intrathecal
☐ Medical Device ☐ Parenteral ☐ Nanoparticles (Nanotubes and Nanofibers)
☐ Pharmaceutical ☐ Polymer ☐ Water ☐ Tissue
☐ Other: _____ ☐ Serum: _____ ☐ **Controlled Substance***

***Note:** Request DEA Form 222 and provide current copy of DEA License to CTS.

TEST TYPE

☐ Product Characterization (Preliminary Screening) ☐ Inhibition/Enhancement (Validation) ☐ Release (Limit) – Finished Product ☐ Release (Limit) – Components/ Raw Materials ☐ Method Development

TEST ASSAY – SELECT ASSAY TYPE

Gel-clot
☐ Gel-clot Assay
☐ Endotoxin Specific Gel

Turbidimetric
☐ Kinetic Assay
☐ Endotoxin-Specific Turb.

Chromogenic
☐ Pyrochrome®
☐ Kinetic Assay (LOQ=0.005 EU/mL)
☐ Endotoxin Specific (LOQ=0.001 EU/mL)

Chromogenic
☐ Chromo-LAL Kinetic Assay
☐ Glucatell® Kinetic Assay (Glucan Specific, Research Use Only)

INSTRUCTIONS

⇨ When sending multiple samples from one lot, indicate the following: ☐ Test Samples Individually ☐ Test Samples Pooled
⇨ For product release, list IC numbers of validations (if known): _____
⇨ Recommended method for reconstitution or extraction: _____
⇨ Handling precautions: _____
⇨ Recommended method of sample disposal: _____
⇨ Special Instructions: _____
⇨ Send MSDS for sample (or letter stating handling precautions). **If not included, no testing will be performed until received.**
⇨ Expedited Services: RUSH test service – 48 hour study initiation ☐ Yes
STAT test service – 24 hour study initiation ☐ Yes

Comments:

For Internal CTS Use

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CONTRACT TEST SERVICE

Sample Submission Form

INTERNAL CONTROL NUMBER: -

BILLING INFORMATION

Company Name: _____

Attention: _____

Address: _____

_____

_____

Phone: _____

Fax: _____

Please Check Method of Payment:

☐ Purchase Order Number: _____

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Number: _____

Security Code: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

REPORTING INFORMATION

Company Name: _____

Attention: _____

Address: _____

_____

_____

Phone: _____

Reports:

An original report will be sent by mail to the above address. A PDF copy will be e-mailed.
E-mail (PDF – non encrypted)

☐ Report Only

☐ Report and Raw Data

E-mail: _____

SHIPPING INFORMATION

*Samples should be sent to the following address:

Contract Test Service
Associates of Cape Cod, Inc.
124 Bernard E. Saint Jean Drive
East Falmouth, MA 02536

*Details for shipping samples can be found in the CTS Pricelist or on our website: www.acciusa.com/cts

CONTACT INFORMATION

Contract Test Service
Phone: 508-540-3444 or 888-232-5889
Fax: 508-540-2019
Website: www.acciusa.com/cts
Email: testservice@acciusa.com

INTERNAL USE ONLY

Sample/package condition upon receipt:

Physical Condition: ☐ Good ☐ Damaged Technician Initials: _____ Date: _____

Arrival Temperature: ☐ RT ☐ Cold ☐ Frozen Storage Temperature: ☐ RT ☐ 2°-8° ☐ -20°C ☐ -80°C

Number of Samples Received: _____ Agreement with number shipped: ☐ Yes ☐ No

Sample Status: ☐ Acceptable; no action required. ☐ Requires Customer Notification.

Reason for Notification: ☐ Sample Leaking ☐ Sample missing ☐ Inappropriate arrival temperature ☐ Lot Number Discrepancy

☐ Other* - Explanation _____

Name of Customer Contact: _____ Date: _____ Contacted by: ☐ Phone ☐ E-mail

Comments/Resolution: _____

Action Required: _____

If additional space is required, attach a separate sheet.

CTS Staff Name _____ Date _____ **Verified by:** _____ *Initial/Date*

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