



LIFE SCIENCE SERVICES  
SAMPLE SUBMISSION FORM

SAMPLES WILL NOT BE LOGGED IN UNTIL ALL FIELDS ARE COMPLETED

For internal use only.

REPORT TO (will appear on report)

INVOICE TO (☐ same as report to)

Contact				Contact			
Company				Company			
Address				Address			
City		State/ Province		City		State/ Province	
Zip/ Postal Code		Country		Zip/ Postal Code		Country	
Phone				Phone			
Fax				Fax			
Email				Email			

P.O. No.		Quote No.		Attach copy, if possible
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SEND LAB REPORT BY (Test fees include delivery by email, fax or mail.)

<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail	<input type="checkbox"/> FedEx <input type="checkbox"/> UPS	Acct. No.:	<input type="checkbox"/> Other:	<input type="checkbox"/> Report cc to:
<input type="checkbox"/> Raw Data Needed (US sites only)				

SAMPLE DISPOSITION

STORAGE CONDITIONS

CONTROLLED SUBSTANCE

HAZARDOUS

<input type="checkbox"/> Discard Samples <input type="checkbox"/> Return Samples (extra charge)* <input type="checkbox"/> Return Shipping Container* * Provide UPS/FedEx Acct. No.:	<input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigerated (2° to 8°C) <input type="checkbox"/> Freezer (-10° to -25°C) For Sensitive Biological Materials: <input type="checkbox"/> Freezer (-15° to -25°C) <input type="checkbox"/> Freezer (-70° to -90°C)	<input type="checkbox"/> YES <input type="checkbox"/> NO Schedule: SAMPLE TYPE <input type="checkbox"/> Release <input type="checkbox"/> Stability <input type="checkbox"/> GLP <input type="checkbox"/> Development <input type="checkbox"/> R&D <input type="checkbox"/> Drug Substance <input type="checkbox"/> Excipient <input type="checkbox"/> Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO Type: CYTOTOXIC <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, must include MSDS.
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SAMPLE INFORMATION (Please fill in applicable information and use the exact wording desired on final report)

Qty.	Sample Name	Lot Number	Sample Code	Test	Method	Specification

COMMENTS/SPECIAL INSTRUCTIONS ☐ Data Logger to be Read ☐ Data Logger to be Returned ☐ N/A

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TURNAROUND TIME: ☐ Standard ☐ Rush (Rush fees applicable) Date Results Needed: \_\_\_\_\_

Rush turnaround time is subject to prior approval and availability. Rush fees must be negotiated.

By signing below, Client accepts the SGS General Conditions of Service contained within this quotation and found at <http://www.sgs.com/en/Terms-and-Conditions.aspx>, notwithstanding any conflicting terms set forth in Client's purchase order or other documents. In the event that the parties have executed a services agreement, the terms of such executed agreement shall govern.

TESTING AUTHORIZED BY: \_\_\_\_\_ (please sign)

DATE: \_\_\_\_\_

Testing will not be initiated without signed authorization.

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SGS Life Science Services [www.sgs.com/pharmaqc](http://www.sgs.com/pharmaqc)