



**PLEASE COMPLETE THE FOLLOWING AND SUBMIT ALONG WITH SAMPLE. One sample per form ONLY.**

## CHEMISTRY PRODUCT TESTING CHAIN OF CUSTODY SUBMISSION FORM

SAMPLE SIZE:

LOT/FORMULA No.:

PRODUCT NAME:

ACTIVE(S) and/or TEST(S)	TEST REQUIREMENT	REPORTING UNIT(S)	SPECIFICATION AMOUNT/RANGE	OTHER SPECIFICATIONS (If none checked, Report Results Only is default. *No Investigation for RRO)
	<input type="checkbox"/> USP <input type="checkbox"/> Other Monograph <input type="checkbox"/> In-House Method			<input type="checkbox"/> *Report Result Only <input type="checkbox"/> ±10% <input type="checkbox"/> See Range <input type="checkbox"/> Other:
	<input type="checkbox"/> USP <input type="checkbox"/> Other Monograph <input type="checkbox"/> In-House Method			<input type="checkbox"/> *Report Result Only <input type="checkbox"/> ±10% <input type="checkbox"/> See Range <input type="checkbox"/> Other:
	<input type="checkbox"/> USP <input type="checkbox"/> Other Monograph <input type="checkbox"/> In-House Method			<input type="checkbox"/> *Report Result Only <input type="checkbox"/> ±10% <input type="checkbox"/> See Range <input type="checkbox"/> Other:
	<input type="checkbox"/> USP <input type="checkbox"/> Other Monograph <input type="checkbox"/> In-House Method			<input type="checkbox"/> *Report Result Only <input type="checkbox"/> ±10% <input type="checkbox"/> See Range <input type="checkbox"/> Other:
	<input type="checkbox"/> USP <input type="checkbox"/> Other Monograph <input type="checkbox"/> In-House Method			<input type="checkbox"/> *Report Result Only <input type="checkbox"/> ±10% <input type="checkbox"/> See Range <input type="checkbox"/> Other:

**NOTE:** All samples will be stored at room temperature, unless special handling indicates otherwise. Method validations are the responsibility of the manufacturer/customer.

**NOTE:** ALL ANALYTICAL SAMPLES REQUIRE VALIDATION PER FDA REQUIREMENTS.

Sample Type:

Finished Product

In Process/Compounding

Stability- Interval:

Environmental

Validation

R & D

Raw Material (Attach C of A)

PO/REFERENCE NO.:

SAMPLE RETURN:

YES

NO

Time/FEES: NO INVESTIGATION ON RUSHES

NON-RUSH

RUSH

**RUSH**

**TYPE**

(Select one)

\*Same Day

24 HR

48 HR

72 HR

4-Day

5-Day

**Certified Laboratories is not responsible for retain samples.**  
Check "Yes" above for Sample Return. If "No" checked; sample retain is only 30 days then discarded.

Please see our [Rush Sample Policy](#) for more information.

**SPECIAL HANDLING / COMMENTS:**

**RUSH SAMPLES MUST BE RECEIVED BEFORE 11 AM TO BE PROCESSED FOR THAT DAY.**

*\*Same Day Rush is not available for all methods.*

Turn-around times for test results are subject to laboratory sample volume and ARE NOT GUARANTEED. You will be notified if delays are expected.

N/A **Controlled Substance Samples require the following information to be completed before testing.**

**Note:** Out-of-specification results for any controlled substance sample (Eg.: THC content of >0.3%) may be subject to reporting to the local Field Division Office of the Drug Enforcement Administration as well as local law enforcement.

DEA Registration Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

State Registration Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Farm Bill Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**CUSTOMER AGREES BY SIGNATURE BELOW THAT ALL INFORMATION PROVIDED HAS BEEN REVIEWED AS PER GMP AND AGREES TO ANALYSIS & FEES FOR THE PRODUCTS LISTED ABOVE. Product name and Lot/Formula No. must match physical product and are REQUIRED FOR TESTING TO BE INITIATED.**

Customer Release Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Review (Witness) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMPANY:

COMPANY CONTACT:

PHONE:

EMAIL:

ADDRESS:

**DO NOT write below — FOR LAB USE ONLY**

Color:	State:	Analyses/Methods Required:
Date Sample Received:		
Entered in Database By/Date:		
Reviewed By/Date:		
QC Reviewed By/Date:		