

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

## CHEMISTRY PRODUCT TESTING SUBMISSION FORM

SAMPLE SIZE:	LOT/FORMULA No.:
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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)

<b>PO/REFERENCE NO.:</b>	<b>SAMPLE RETURN:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Time/FEES: NO INVESTIGATION ON RUSHES</b>												
<p><i>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.</i></p> <p>Please see our <a href="#">Rush Sample Policy</a> for more information.</p> <p><b>SPECIAL HANDLING/COMMENTS/CUSTOMER PROVIDED METHOD(S):</b></p>		<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> NON-RUSH</td> <td style="width: 33%;"><b>RUSH TYPE</b> (Select one)</td> <td style="width: 33%;"><input type="checkbox"/> *Same Day</td> </tr> <tr> <td><input type="checkbox"/> RUSH</td> <td></td> <td><input type="checkbox"/> 72 HR</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 4-Day</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 5-Day</td> </tr> </table> <p><b>RUSH SAMPLES MUST BE RECEIVED BEFORE 11 AM TO BE PROCESSED FOR THAT DAY.</b>  <i>*Same Day Rush is not available for all methods.</i>        Turn-around times for test results are subject to laboratory sample volume and ARE NOT GUARANTEED. You will be notified if delays are expected.</p>	<input type="checkbox"/> NON-RUSH	<b>RUSH TYPE</b> (Select one)	<input type="checkbox"/> *Same Day	<input type="checkbox"/> RUSH		<input type="checkbox"/> 72 HR			<input type="checkbox"/> 4-Day			<input type="checkbox"/> 5-Day
<input type="checkbox"/> NON-RUSH	<b>RUSH TYPE</b> (Select one)	<input type="checkbox"/> *Same Day												
<input type="checkbox"/> RUSH		<input type="checkbox"/> 72 HR												
		<input type="checkbox"/> 4-Day												
		<input type="checkbox"/> 5-Day												

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:** \_\_\_\_\_

<b>COMPANY:</b>	<b>COMPANY CONTACT:</b>
<b>PHONE:</b>	<b>EMAIL:</b>
<b>ADDRESS:</b>	

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

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