

## Sample Submission Form (please include this form with sample shippment)

CONFIDENTIAL

4405-B International Blvd Suite 104, Norcro	4405-B International Blvd Suite 104, Norcross, GA 30093 (nlease include this form with sample shippment) CONFIDENTIAL						
PART I: SAMPLE SUBMISSION							
DATE SUBMITTED			CLIENT INFORMATION				
PURCHASE ORDER NO.	_		QUOTE NO.			☐ New Client	
Company Name							
Address							
City/State/Zip							
Contact Name							
Phone Number & Email Address							
Billing Contact Name							
<b>Billing Contact Phone &amp; Email Address</b>							
SAMPLE DESCRIPTION & WORK	REQUESTED:						
Material Name							
Material Description							
Sample Lot #							
Sample Detail							
Total # of Containers							
Storage Conditions / Hazards							
	Test	□ GMP □ N	Ion-GMP □ R&D	Specification	s (Required)		
W 1 D 4 1/G 10° 41							
Work Requested /Specifications							
If additional space is needed, please							
include a separate sheet.							
☐ Sheet included	<u> </u>						
<b>DISPOSITION</b> (after analysis)	☐ Discard After Storage ☐ Other						
	☐ Return Immediately ☐ Return After Storage ☐ Shipper and #						
REQUESTED TURNAROUND	☐ Standard Turnaround ☐ 5 Day Rush ☐ 3 Day Rush						
AUTHORIZATION SIGNATURE* DATE							
*By signing above, you agree to the terms and condition set forth by the credit application. Submitting samples with this form constitutes approval with or without signature.  ***********************************							
PART II: LABORATORY REQUEST FOR ANALYSIS							
DATE RECEIVED		ZZZZZ OKI I		ID Number			
Condition Upon Receipt							
Received / Logged By	 						
Comments							