



Quality Chemical
Laboratories

*Specializing in Analytical and
Synthetic Chemistries*

Sample Submission Form

Product Testing, Development, Validation and Stability

Complete a form for each set of samples and include with sample shipment to:

Quality Chemical Laboratories

Attention: Sample Receiving

3220-B Corporate Drive, Wilmington, NC 28405

Telephone: 910 796 3441 • Fax: (910) 796.3425 • www.qualitychemlabs.com

Customer Contact (Company Name):

Sample sender (name, e-mail, and phone):

Send report or C of A to: (name and e-mail)

Check here if same as sample sender

QCL contact (with knowledge of these samples):

Quote #: **PO#:**

Brief Testing Description: (e.g. # of preps/sample, stability timepoint/condition, disso profile timepoints, MD/MV, etc.)

Product Phase: R&D Preclinical Early Clinical (Phase I/II) Late Clinical (Phase III) Commercial

Requested Due Date (subject to approval): _____

Raw Data required? (fees apply): Yes ___ No ___

Sample Details:

(Use a single sheet for multiple lots of identical product, attach additional sheets as necessary)

Product name (include actives and dosage form):

Packaging Detail (container/closure; # doses per container, etc.):

Lot #:

Strength:

of Pkg:

Specifications: Give a specification reference, attach a copy, or list specs here:

Sample storage upon arrival, e.g. Ambient, Refrigerated, Frozen, or a specified °C:

Ambient Refrigerate Frozen Other
 Time Sensitive Sample (Limited Stability)

Sample disposition upon test completion and 30-day hold: Discard ___ Return ___ Other ___ (explain other):

Safety Information: SDS Available? Yes: ___ No: ___ Special handling needed? No: ___ Yes: ___ (explain yes):

For QCL only: Samples Received by:

Date:

Comments: