



**Quality Chemical
Laboratories**
*Specializing in Analytical and
Synthetic Chemistries*

**Sample Submission Form
Raw Materials and Compendial Testing**

Fill out form **completely** for each set of samples and include with sample shipment to:
Quality Chemical Laboratories
Attention: Sample Receiving
3220B Corporate Drive, Wilmington, NC 28405

Submitting Company Name:

Sample Sender Name, e-mail, phone:

Name, e-mail, and address to whom to send Report or **CofA**:

Information to be added to the QCL COA (for example, LIMS, Mfg Lot, etc):

Contact at QCL with knowledge of these samples:

Sample Name:

Lot Number (s):

Number of Samples:

Additional Sample: Yes No
If Yes, QCL Project #: _____

Testing Methodology/Monograph Name

- USP** _____ **ACS** _____
 EP _____ **Other** _____
 JP _____

- Method Transfer Required**
 Method Validation Required
 Method Verification Required

Phase of Work:

- R&D** **Preclinical**
 Early Phase Clinical (Phase I/II)
 Late Phase Clinical (Phase III)/Commercial

Required Tests

- Full Monograph Other (Please list)

Client-Supplied Specifications: Yes No

%Label Claim: _____

Comments:

Due Date Standard (10-15 Business Days) Rush (Prior Approval Required)
 Requested Date _____

Raw Data Required (check if applicable) (please allow up to 5 business days to receive raw data)

Storage Conditions Ambient Refrigerate Frozen
 Time Sensitive Sample (Limited Stability) Other _____

Sample Disposition Discard Return

Safety Information: Is special handling needed? Yes No Is a SDS Available: Yes No

If special handling required, please describe: e.g. DEA CII

Signature: _____

Date: _____

Please Include: QCL Quote # (if known): _____

PO#: _____