QUALITY CHEMICAL LABORATORIES
Delivering Science, Compliance & Quality into Medicines

Sample Submission Form

Product Testing, Development, Validation, Qualification

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 Requesting Testing):		
Customer Contact Information	Name:	
	Email:	
	Phone Number:	
Sample Sender Information (May be left blank if this information is the same as Customer Contact)	Name:	
	Email:	
	Phone Number:	
Sample Details (Use a single sheet for multiple lots of identical product, attach additional sheets as necessary)	Reported Product Name:	
	Product Form & Strength:	
	Lot Number:	
	Number of Containers:	
Study (project/batch/formulation, etc.)	Study/Batch Name (Optional):	
Sample Storage	☐ Ambient ☐ Refrigerate ☐ Frozen ☐ Time Sensitive Sample ☐ Other:	
Safety Information	☐ SDS Available at QCL ☐ SDS in Shipment ☐ Biohazard – BSL-1 ☐ Biohazard – BSL-2 ☐ Human Derived Material	
Special Handling Required	☐ None ☐ Light Sensitive ☐ Moisture Sensitive ☐ Nitrogen Overlay ☐ Other:	
Sample Disposition *upon test completion and 30 day hold*	☐ Discard/Destroy ☐ Retain (additional charges may apply) ☐ Return (Shipping Account # – *optional*):	

Send Report or CoA to	☐ Same as **Customer Contact** ☐ Upload to client portal and notify **Customer Contact** ☐ Email to below:	
	Name:	
	Email:	
	Phone Number:	
Raw Data	☐ Yes (fee applies) ☐ No	
Requested Report Delivery *Routine release/stability TAT is 15 business days from receipt of all materials/documentation.*	☐ Standard ☐ Rush – Report Date: ***Rush testing requires prior approval*** ☐ Development, Validation, Qualification:	

QCL Contact Name *with knowledge of Samples/Project*	Project Manager or Quote Writer:	
	Lab Manager (Optional):	
Quote/PO	QCL Quote #:	
	PO #:	

Level of Testing Request	☐ **R&D** (Method Development, R&D Testing, Preclinical) ☐ **I/II** (Method Qualification, GMP Clinical Phase I/II) ☐ **III/Commercial** (Method Validation, GMP Clinical Phase III/IV/Comm)
Specification *Select one*	☐ Specification Enclosed/Attached; Document #: ☐ Test per QCL Specification; Document #: ☐ Report Results Only (List testing below) ☐ No Specification, test per methods/protocols (List testing below)

Testing and Additional Test Instructions (If applicable)

- Number of preps per sample
- Dissolution Profile Timepoints (single or profile)
- Dissolution baths (i.e. n=6, n=12, etc)
- Duplicate preps for assay/RS

If specification is provided, perform all testing on spec? ☐ Yes, full specification ☐ No, only tests listed below

Test	Method/Doc #	Additional Test Instructions

Additional comments, instructions, description, etc.	