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|  | **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 |

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| 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*): |

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| 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:  |

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

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| 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** |
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| Additional comments, instructions, description, etc. |  |