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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. |  | | |