

CYTOTOXICITY SAMPLE SUBMISSION FORM

Client Information	
Company Name:	<div>Purchase Order (required for billing purposes):</div> <div>Quotation No (required for billing purposes):</div>
Mailing Address:	Submitted by:
Tel: Mobile:	Email Address:
Fax:	Date:

Product Information			
Product Description	No. of samples	Surface area	Storage conditions (if any)
Special instructions (if any):			

Check if you require the following (<i>prices can be provided in quotation</i>)	
<input type="checkbox"/> Protocol	<input type="checkbox"/> GLP report

Product Sterilization (check to select)	
<input type="checkbox"/> Sterile	<input type="checkbox"/> Non-sterile

Compliance to GLP standard (check to select)		
<input type="checkbox"/> ISO-17025	<input type="checkbox"/> FDA CFR21-58	<input type="checkbox"/> Others Specify:

Method of Test (check to select)	
<input type="checkbox"/> Elusion	<input type="checkbox"/> Agar diffusion

Product Disposition (check to select)	
<input type="checkbox"/> Discard	<input type="checkbox"/> Return (specify delivery details below) <i>Note: Courier charges applies</i> Attention to: Delivery address:

Any other additional information: