

CYTOTOXICITY SAMPLE SUBMISSION FORM

Client Information		
Company Name:		Purchase Order (required for billing purposes):
Mailing Address:		Quotation No (required for billing purposes):
		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 (prices can be provided in quotation)	
<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: