

Analysis Request Form

Fields marked with a (*) are required
See overleaf for general instructions for completing this form

CUSTOMER INFORMATION

*Request Date: *Company Name: *Email(s):
*Requestor: *Phone Number: Results to be emailed to:

ANALYSIS REQUEST DETAILS

Quote No: Results Required: ☐ Standard ☐ Urgent, please specify:
PO No: *Surcharge applies*

*Job Type / QA Requirement:
GMP – FDA (21 CFR Part 210 and 211)
GMP – TGA (PIC/S) / APVMA
GMP – Phase 1 Clinical Trial
Others – R&D, ES, Industrial etc

*Sample Storage Conditions ☐ Ambient ☐ 5°C ☐ <-10°C ☐ <-70°C
at Eurofins CA: ☐ Stability Storage at Eurofins CA
Please provide Stability Protocol/ additional instructions

*Sample Hazardous: Yes ☐ No ☐
(If Yes, MSDS must be supplied)

CA Contact:

*Method Validation / Verification / Transfer: ☐ Required ☐ Not Required ☐ Previously Validated ☐ Undergoing Validation
Quote to be approved Verified or Transferred Verification or Transfer

Additional Information – Please provide special instructions e.g. sample composite requirement, stability storage conditions, reference to additional protocol/ instructions etc. and attach as required:

No.	*Sample Description	*ID No.	*Qty <i>No. of sample containers submitted per sample</i>	*Test / Analysis	*Test Method	*Specification <i>Where applicable</i>
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Requestor
Signature:

*Date:

Analysis Request Form must be signed and dated to initiate testing

EUROFINS CHEMICAL ANALYSIS USE ONLY

Job Number: C

Date & Time received: / / : AM/PM Initials:

Sample (s) logged: / / Initials:

Condition on arrival: ☐ Satisfactory ☐ Not Satisfactory
i.e. Sample Integrity, Documentation, Labels and Temperature (where applicable)

Temperature on arrival: ☐ Ambient ☐ Cold ☐ Record (if temperature logger supplied and required by Customer): °C

QAG / CSA Type: ☐ Standard ☐ Modified ☐ Customer

QAG / CSA

within expiry date: ☐ Yes ☐ No

Comments:

INSTRUCTIONS TO CUSTOMERS

1. Please ensure paperwork submitted matches samples prior to submission to Eurofins CA.
2. Separate samples should be submitted for Chemistry and Microbiology testing (where possible).
3. Please select the applicable regulatory requirements for the Job Request under Job Type / QA Requirement.
4. This form can be used to refer to additional customer in-house request forms, protocols, and instructions.
5. If more samples are to be submitted, additional Analysis Request Forms can be completed and attached.
6. Samples will be retained for 4 weeks after approval of the final report and then disposed of appropriately unless otherwise requested.

No.	*Sample Description	*ID No.	*Qty <i>No. of sample containers submitted per sample</i>	*Test / Analysis	*Test Method	*Specification <i>Where applicable</i>
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