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| **Client Information** |
| Company Name: | Purchase Order (if available):  | **REQUIREMENT CHECKLIST.** **NEED TO COMPLETE BEFORE SENDING ETO SAMPLES:** | **For Sample Receipt ONLY:** |
| Mailing Address: | Quotation No (**Mandatory):** | **“ETO” MUST BE VISIBLY LABELLED OUTSIDE THE BOX.** |[ ]  Has the sample been unpacked? |
|  | Submitted by: | **SSF IS TO BE SECURELY PLACED ON THE OUTSIDE OF THE BOX.** |[ ]  Yes [ ]  | No [ ]  |
|  | Phone No.: | **SAMPLES MUST BE DELIVERED IN DRY ICE & KEPT FROZEN UNTIL ANALYSIS** |[ ]  Was Dry Ice present? |
| Email Address: | Date: 27/08/2025 | **Photos/diagrams of the samples have been supplied where available** |[ ]  Yes [ ]  | No [ ]  | N/A[ ]  |
| **Sample Information (Please provide us with as much information as possible)** |
| **Please tick (√) to indicate type of device:** | [ ]  Multi-component device (i.e. Catheter with Stent)  | [ ]  Single Device |
| **Has this product been previously validated?**  | [ ]  Yes, Reference Number is **NJ\_\_\_\_\_\_\_\_\_\_\_\_\_** (This **must** be provided)  | [ ]  No, not validated |
| **Is RUSH Service Required?****(As mutually agreed)** | [ ]  YES (Charges apply) Send RUSH requests 3WD in advance to SampleReceiptBPTSYD@eurofinsanz.com | [ ]  NO |
| **Number of samples** | **Date Sampled** | **Batch Number** | **Sample Description** | **Please tick (√) to indicate length of patient contact**h: Hours ; d: Days | **Validation ONLY (NJ0A8)**Protocol & GLP Charges apply. [ ]  | **Items to be tested as:** |
|  |  |  |  | **NJ01A** | **NJ01A** and **NJ01B** |  | **Individual** | **Composite** |
|  |  |  |  | **Limited** (<24h) | **Prolonged** (>24hr <30d) | **Permanent** (>30d) |  |  |  |
|  |  |  |  |  |  |  | **Limited** (<24h) | **Prolonged** (>24hr <30d) | **Permanent** (>30d) |  |  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Please sign to declare that the information on this submission form and their respective test request is accurate and true as reported. | **Name:** | **Date:** |  |  | **Sign:** |

*Additional rows may be added as required.*

**NOTE:** A completed SSF with unambiguous testing instructions is required to register each project/sample(s). Any Client-requested testing instructions in the Quotation must also be described on the SSF. Failure to include them may result in their omission for testing. Any changes to submitted SSFs must be communicated via a NEW completed and client-authorised SSF, not verbal and/or emailed communication to the lab. Failure to provide updated SSFs in a timely manner will likely delay registration and test turnaround time.

**Any other special requirements:**