

Standard Operating Procedure Form SAMPLE RECEIPT, HANDLING, IDENTIFICATION AND TRACEABILITY SAMPLE SUBMISSION FORM	Document Number: qa.007.001.02 Effective Date: June 16, 2014 Supercedes: qa.007.001.01
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Please complete all fields (manually or online):

Reporting Address: Contact: _____ Company: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____	Billing Information: PO Number: _____ Quote Number: _____ (Attach copy)				
Billing Address (<input type="checkbox"/> same as report address) Contact: _____ Company: _____ Address: _____ _____ Phone: _____ Fax: _____	Special Handling Instructions: Special Handling: _____ Storage Conditions: _____ Samples will be retained for at least 30 days after report date unless otherwise instructed by client.				
Turnaround Time: <input type="checkbox"/> Standard <input type="checkbox"/> 5 day(1.5X Surcharge)* <input type="checkbox"/> Rush 24-72HRs(2X surcharge)*	Sample Information: Controlled Substance: <input type="checkbox"/> YES <input type="checkbox"/> NO Hazardous Substance: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, include MSDS) Method has been validated: <input type="checkbox"/> YES <input type="checkbox"/> NO Method Transfer performed at Experchem: <input type="checkbox"/> YES <input type="checkbox"/> NO Sample Type: <input type="checkbox"/> Release <input type="checkbox"/> Stability <input type="checkbox"/> Development <input type="checkbox"/> R&D				
*RUSH REQUESTS ARE SUBJECT TO AVAILABILITY AND PRIOR APPROVAL					
Sample Information: All Fields must be completed to eliminate sample booking delays					
Qty.	Sample Name	Lot #	Test	Method	Specification
Other Notes/Instructions:					

Method validation, Method transfer and Suitability Test (Microbiology) must be performed prior to any testing to ensure site qualification. This is a regulatory requirement.

Test Authorized by (signature): _____ **Date:** _____

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