



General information about the sample submission form (SSF)

- The Sample Submission Form (SSF) is a document that provides:
 - A) Sender information;
 - B) Generic sample information;
 - C) Specific sample information and test requests.
- The client needs to fill out the Sample Submission Form (SSF) and include it in the package with samples that will be delivered at Eurofins MicroSafe Laboratories (2333 CR Leiden)
- In addition to sending the filled SSF in the package, please also send the SSF digitally by email to mscustomer@bpt.eurofinseu.com, before shipping the samples. This way, the Study Manager can already check if the SSF is filled in correctly and make sure that the Logistics team will be ready to receive the samples.
- A correctly completed SSF is mandatory in order to process samples at Eurofins MicroSafe and to include it in the Study documentation.
- The SSF can also be used for sending materials. Check the box “(raw) material” of “Section B: Generic sample information”.

Biological agents (SECTION B: GENERIC SAMPLE INFORMATION)

- Please be aware that biological samples (non-GMO and GMO) can only be shipped after a biosafety check by Microsafe's Biosafety Officer.
- For questions related to biosafety, please contact msbiologicalsafety@bpt.eurofinseu.com

Method verification (SECTION C: SPECIFIC SAMPLE INFORMATION AND TEST REQUEST)

- If method verification (sample matrix validation) is required, please clearly indicate this in the SSF.
- Results will be reported as For Information Purposes only (FIPO), unless:
 - Method verification is not required, since the test concerns a chemical/physical compendial test (e.g. pH, osmolality, appearance).
 - A method verification is requested and clearly indicated in the SSF, OR;
 - A method verification was performed previously at Eurofins MicroSafe Laboratories and the method verification reference (sample number or study number) is indicated in the table. If the method verification reference is not provided, results will be reported as FIPO.
- If uncertain, discuss with the Study Manager if a method verification needs to be performed.

Conditions for Delivery of samples to Eurofins Microsafe Laboratories

- Make sure that the labels on the samples are identical to the column “Label description” in the SSF
- Analysis of samples can only be initiated when a combination of clearly identified samples and corresponding SSF, referring to a valid quote, are delivered to our facilities. The completed SSF must be included in the sample shipment.
- Samples shall be delivered properly packaged under responsibility of the Sender.
- If applicable, safety instructions and risk phrases must be placed in a visible way on the external side of the package.
- If storage conditions are not specified, samples will be stored in conditions corresponding to those at delivery to our facilities.
- If samples are delivered to our facilities without a reference to a valid quote number, the Sender will be contacted using the Sender information as provided on the SSF. When Sender does not reply to this notification, samples will not be analyzed, and will be disposed of one month after receipt. A handling fee will be charged to the Client.
- If applicable, shipment costs, customs levies or other expenses including bank charges will be charged in the invoice.
- Unless otherwise specified in a Quality Agreement or the Notes section of this form, samples and customer supplied materials will be stored for 120 days upon release of the Certificate of Analysis, and will be disposed of thereafter.

**SAMPLE SUBMISSION FORM**

Please send an individual form for each type of product, this form can relate to one quotation only.

Please complete this form electronically and include a printed version in your sample shipment.

Please note that an incomplete or incorrect form will prevent us from processing your sample.

| SECTION A: SENDER INFORMATION | |
|-------------------------------|--|
| Company: | |
| Sender Name/Surname: | |
| Sender Phone Number: | |
| Sender email Address: | |

| | |
|---|--|
| VALID QUOTATION Routine testing (Mandatory field see instructions) | |
|---|--|

| TO |
|---|
| Eurofins MicroSafe Laboratories Darwinweg 24 2333 CR Leiden The Netherlands |

| | |
|---|--|
| Purchase order /Cost centre: (See instructions) | |
|---|--|

| SECTION B: GENERIC SAMPLE INFORMATION (to be filled by Sender) | | |
|--|--|---|
| Transport conditions | Room Temperature (15-25°C) Cooled (2-8°C) Frozen ($\leq -10^{\circ}\text{C}$) Dry ice Liquid N2 | Temperature monitor enclosed. Return address: |
| Storage conditions | Room Temperature (15-25°C) Cooled (2-8°C) Frozen (-40°C - -10°C) Deep Frozen ($\leq -60^{\circ}\text{C}$) | |
| Type of product | Cell bank Virus seed (Bulk) harvest (Raw) material | Drug product Drug substance Patient related material Other (please specify): |
| Notes | | |



| | | |
|--|---|--|
| Safety considerations | None | |
| | Chemical hazard (include MSDS) | |
| | Antibiotics present | |
| | Preservatives present | |
| | Opiate | |
| | Biological agents / GMOs present: | |
| | Client confirms that Microsafe performed a biosafety check and approved shipment of the material | |
| | Classification: | |
| | BSL1 (ML-I): | Non-GMO present; GMO present, please provide GMO registration number*: Client ¹ /Microsafe ² |
| | BSL2 (ML-2): | Non-GMO present; GMO present, please provide GMO registration number*: Client ¹ /Microsafe ² |
| Contact details of Biosafety officer who may be contacted in case of queries regarding the GMOs and corresponding permit: | | |
| Name /Email | | |
| Phone | | |
| * Note that without the GMO permit number, GMO samples or materials cannot be shipped. | | |
| Please contact Eurofins Microsafe first to resolve the matter, via: mscustomer@bpt.eurofinseu.com or msbiologicalsafety@bpt.eurofinseu.com . | | |
| ¹ Provide your own GMO permit number applicable for samples or materials in the shipment. | | |
| ² Insert the NL GMO permit number that has been issued to you by Microsafe representatives or Biosafety Officer. | | |

| To be completed by MicroSafe | |
|------------------------------|----------------|
| Batch/Label: | Date/Initials: |
| | |

**SECTION C: SPECIFIC SAMPLE INFORMATION AND TEST REQUEST**

Please note that each line item below will be considered an individual sample/test. Multiple containers to be tested individually should be separate line items.

| Specific sample information | | | | | Test request | | | | |
|---|---|--------|---------------------------|---------------------------------------|---|--|--|---------------|---------------|
| Sample description: (as it will appear on the CoA) | Label description: (At it appears on the sample) | Lot #: | Quantity: (# of items) | Content per item: (e.g. mL, mg) | Test code with related information (required analysis as defined in quotation) | Protocol reference (in case a client- specific protocol has been agreed upon) | Method verification reference (fill-out A, B, C or D*) | Specification | RUSH TAT** |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

* **A** - Not applicable, method verification is not required and client agrees that results will be reported as For Information Purposes only (FIPO) / **B** – Method verification is required, the test code for method verification is included in the 'test code' section / **C** – Method verification has been performed previously: provide method verification reference (sample number or study number) in the table (if no method verification reference is provided, results will be reported as FIPO) / **D** - not applicable, method verification is not required, since the test concerns a chemical/physical compendial test (e.g. pH, osmolality, appearance).

** **RUSH Turn Around Time (TAT)**: Only if applicable and included in the Quote/Contract - Additional charge will apply as defined in the Quote. Please contact us in advance via email to request RUSH.

Method Verification Section

Client confirms that the column 'Method verification reference' in section C has been filled out and method verification numbers have been provided in case of answer C. **Note: if method verification reference is not provided or the fields are filled-out incorrectly, results will be reported as For information purposes only (FIPO)**

To be completed by MicroSafe

Batch/Label:

Date/Initials: