

INSTRUCTIONS FOR COMPLETING THE SAMPLE SUBMISSION FORM (SSF)

A complete and correct SSF is mandatory for initiation of requested analysis. The SSF consists of 3 sections (A,B,C). In addition, please read carefully the Conditions for Delivery section on page 2. If you have any additional questions, please do not hesitate to contact PROXYcustomer@bpt.eurofinseu.com.

SECTION A

- **Sender information:** specify contact details from the person in your organization that can be contacted in case of questions regarding the sample shipment and SSF details
- **Valid Quotation:** quotation number, displayed on top left corner of your quotation. Do not send samples prior to approval of the quotation by both parties
- Purchase order / Cost center: please provide a reference number that enables you to identify your shipment in your own
 organization. The Purchase Order will be referred to on our invoice. If Client requests inclusion of a PO number that was
 not depicted on the SSF, Eurofins PROXY Laboratories will charge an administration fee
- Project Type: always indicate if samples are for routine testing or non-routine (validation/verification- or stability- study performed by Eurofins). In case of non-routine fill in a Proxy Study Manager (SM) contact who will handle the study and a study-number if available
- CMVS Section: <u>before submitting your samples</u>, verify if Compendial Method Verification Study (CMVS) is needed. If yes, fill in the CMVS quotation number, specifically provided for the purpose and provide an additional aliquot

SECTION B

General sample Information

- Transport condition: please specify the transport condition, e.g., temperature and other relevant information.
- Storage information: tick the relevant box. If the appropriate condition is not listed, please note this under other. If your shipment contains a temperature logger, specify the return address for the logger. Return shipment will be at cost of Sender.
- Sample type: select the type of sample you are shipping to our facilities. If the appropriate sample type is not listed, please specify as other
- **Technical Attachments:** make sure that the SSF refers to the appropriate attachments by ticking the boxes. It is of utmost importance that the documents attached are in English or Dutch
- Safety considerations: please inform us of any known or suspect biological agent, toxic or hazardous materials or controlled substances. In case of opiates or any other controlled substance, permit and confirmation of receipt must be in place. Contact PROXYcustomer@bpt.eurofinseu.com. Additional charges may apply.
- Notes: please note here any additional information regarding sample or analysis. Information you require to be stated on the Certificate of Analysis, can be mentioned in this box

SECTION C

Specific sample information

- Quotation number: automatically taken from "Valid Quotation" mentioned on page 3
- Purchase order: automatically taken from "Purchase order/Cost center" mentioned on page 3
- Sample description: name of the product / sample to be tested as complete as possible (preferably in English). If applicable, include the hydration level, type, and/or nominal value or label claim. Please note that each line item will be considered as an individual sample. Multiple containers to be tested and reported individually should be separate line items
- Quantity: number of samples you submit (i.e., 10 bottles)
- Contents: sample volume or weight (i.e., 10 g)
- ID/Lot/Batch#: Lot / Batch# and, if applicable a sample ID#. All information required to identify the sample and that need to be noted on the Certificate of Analysis, should be entered here
- Test code / Analyses / Test name: please specify the test code as stated on the quotation
- Method Reference: this is the method used to analyse the sample / product, as defined in the quotation
- **Specification:** please specify the requirements the test results should comply with. If the result does not comply, it will be reported as Out-of-Specification. A current Specification Document or Specification Reference should be provided with each submission. If no document or reference is provided, the most recent version listed in our system will be used.
- **RUSH TAT:** rush turnaround time; this box should be ticked when you have received confirmation of availability of rush services (see *quotation footer or TAT section on page 2*).
- Notes: automatically taken over from "Notes" mentioned on page 1

Always use the latest SSF version: https://www.eurofins.nl/en/biopharma-product-testing-nl/downloads/sample-submission-forms/



CONDITIONS FOR DELIVERY OF SAMPLES TO EUROFINS PROXY LABORATORIES

Delivery of Samples and Information

- > Analysis of samples can only be initiated when clearly identified samples and corresponding SSF, referring to a valid quotation, are delivered to our facilities. The completed SSF must be included in the sample shipment. Samples will only be processed when the SSF is fully and correctly filled out.
- Samples shall be delivered properly packaged under responsibility of the Customer.
- If applicable, safety instructions and risk phrases must be placed in a visible way on the external side of the package.
- An MSDS or equivalent must be provided for each material.
- > If CMVS or microbiological analyses are requested, please send separate aliquots.
- > If a shipment includes multiple samples with different identification (batch-number / time point etc.), please package these separately within the same shipment box.

Turn Around Time (TAT)

- For information on sample status and expected release date, please check your LabAccess account. TAT is expressed in working days and is calculated from date of complete SSF, sample and PO reception to date of report/CoA release. TAT may vary, depending on current sample load and holiday periods. Some of the listed activities may be performed in other Eurofins group labs and different TATs applies, please refer to the quotation table.
- For studies, upon acceptance of this quotation, a Study Manager (SM) will be appointed to the project as single point of contact for the customer. SM will inform on timelines for the specific study.
- Please be aware: failure by the Customer to provide all required information (e.g., incomplete, or wrongly filled-in SSF, missing MSDS and incomplete information for sample handling) may cause delays, cessation of on-going activities and failure to comply to standard TAT.
- If expedited results are required, please notify us in advance via email (PROXYcustomer@bpt.eurofinseu.com) to obtain up-front confirmation of availability of rush service. A reference to this confirmation, including the required due date, should be depicted in the Notes section of the Sample Submission Form. Without such confirmation, your samples will NOT be handled as rush.

Sample Handling

- > If storage conditions are not identified, samples will be stored corresponding to the condition at delivery to our facilities.
- ➤ If a requested test requires another value or analysis (e.g. Loss on drying, Water value, density etc.) and the value is not provided nor the test requested, Eurofins PROXY Laboratories will perform the necessary test(s) and costs will be invoiced.
- If samples are delivered to our facilities without a reference to a valid quotation 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 Customer.

Sample Retention

Unless otherwise specified in a Quality Agreement or the Notes section of this form, samples and Customer supplied materials will be stored for 30 days upon release of the Certificate of Analysis, and will be disposed thereafter.

Method for Analysis

- > For compendial testing, the current pharmacopeia version will be used for analysis, unless explicitly specified otherwise in section C of the SSF. If testing according to outdated monograph version is requested, quotation update may be needed.
- If client-specific work instructions should be used, a reference to the applicable work instruction should be specified on the SSF.



SAMPLE SUBMISSION FORM (Please send an individual form for each product)

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

SECTION A: SENDER INFORMATION					то						
Company:											
Sender Name/Surname:					Eurofins PROXY Laboratories Archimedesweg 25						
Sender Phone Number:					2333 CM Leiden The Netherlands						
Sender email Address:						11101	V Ct	richands			
VALID QUOTATION Routine testing (Mandatory field see instructions)					Purcha /Cost o (See ins	cent	re:				
Project Type	Routine	Non-routine	·-		/alidat	ion/Vori	ficat	tion	Stak	sility.	
Contact person (SM) within	Routine	Routine Non-routine.			Validation/Verific		licai	11011	Stat	iiity	
Eurofins Proxy Laboratories						ımber					
This part should only be filled		Method Verific	cation St	tudy	(CMV	'S) is rec	uire	ed			
Compendial Method Verification r	equired	ired			No		(I	(If No, then no need to fill in below line)			
If Yes please provide Quote number	of CMVS										
SECTION B: GENERAL SAMP	LE INFORMATION (to	o be filled by Sei	nder)								
Transport condition											
Storage information	Room Temperat	Room Temperature (15-25°C)			Desiccant required			Temperature monitoring device			
	Cooled (2-8°C)	Cooled (2-8°C)			Protected from light		t	enclosed. Return address:			
	Frozen (≤ -20°C)			Other, specify;							
	Deep Frozen (≤-	Deep Frozen (≤-50°C)									
Sample Type	Drug product			Excipient/Raw Materia			erial	l Packaging material			
	Drug substance	Drug substance (API)			Medical device			Other:			
	None			MSDS (mandatory) Other:							
Technical Attachments		Reference standards			Analytical Certificate						
	Columns	Columns			Protocol/Analytical methods						
Safety considerations	None					GMO registration number :					
	BSL-I GMO*					lda	Identity Host type used in production :			an :	
		BSL-II *please			specify			identity most type used in production.			
		Antibiotic ML-I			lo			Identity Vector used in production :			
	•	Cytostatic ML-II									
	Controlled substance			Iden		ntity	tity Donor gene and organism :				
	Contains preservatives										
Notes											
To be completed by PROXY La	aboratories	Parce									
First check date: Second check date:	initials: initials:	Label			, , , , , , , , , , , , , , , , , , ,						



SECTION C: SPECIFIC SAMPLE INFORMATION (to be filled by Sender)												
Quotation Code (mandatory):												
Please note that each line item below will be considered an individual sample. Multiple containers to be tested individually should be separate line items												
Sample Description (Please include hydration level if applicable)	Quantity (# of Items)	Contents (e.g. ml, mg)	ID/ Lot / Batch #:	Testcode/Analyses/Test name (related to required analysis as defined in Quotation)	rence uotation)	Specification	RUSH TAT*					
*RUSH Turn Around Time (TAT): Only if via email (PROXYcustomer@bpt.eurofins	applicable	and included i	in the Quote/Contract - Additional rmation. A reference to this confir	charge will apply as defined in the Que mation, including the required due date	ote. Please contact us in e, should be depicted in t	advance the Notes section	on below.					
Notes (is automatically taken from pa		, , , , , , , , , , , , , , , , , , , ,			To be completed by							
					Batch Label	Area for Eurofins Proxy Laboratories label						
						İ		i				