**Samples Submission Form**

**Shipping address for samples**  
Eurofins Spinnovation Analytical BV  
Industrielaan 63 (RK 1124), 5349 AE Oss, The Netherlands

tel: +31 (0)24-2403408

**1. Client information**

|  |  |
| --- | --- |
| Company Name | Click here to enter text. |
| Contact Person | Click here to enter text. |
| Tel. Number | Click here to enter text. |
| E-mail | Click here to enter text. |
| *(opt.)* PO number | Click here to enter text. |

**2. Sample(s) information** *Fill several forms if number of samples >10*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | Name of product, material | Lot/Batch number | Other relevant information | Quantity |
| **1** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **2** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **3** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **4** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **5** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **6** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **7** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **8** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **9** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **10** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**3. Safety information**

|  |  |
| --- | --- |
| Product safety issues: | Antibiotic  Cytotoxic  OEB 4-5  other: Click here to enter text.  None of the above |

**4. Conditions of transportation and storage**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Transportation:** |  | **Storage:** |
|  | Frozen (-20 °C) |  | Frozen (-20 °C) |
|  | Cooled (2-8 °C) |  | Cooled (2-8 °C) |
|  | Ambient |  | Ambient |
|  | Other: Click here to enter text. |  | Other: Click here to enter text. |
|  | Temperature logger in package |  | |

**5. Analysis to be performed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample(s) #** | **TEST** | **METHOD name** | **SPECIFICATIONS** |
| e.g. #1 to 5 | oxypropylene:oxyethylene ratio by NMR | EP 1464 | 81.4 – 84.9% |
| # | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Additional info:  Click here to enter text. | | | |

After filling this form, please send it by email to your account manager or at [spincustomer@eurofins.com](mailto:spincustomer@eurofins.com)