

SAMPLE SUBMISSION FORM

Sponsor: _____
(Your Companies Name)

Contact: _____
(One Person Authorized to answer technical questions and receive the final report)

Address: _____
(City) (State) (Zip Code)

Phone: _____ Fax: _____ E-Mail: _____

Sample Information:

Sample Description	Test Description	Number of Samples	Specimens from each Sample (if >1)

(This ID will be typed into the final report. Please double check all entries.)

Additional Sample or Test Information:

Please list any specific standard, test method, or regulatory requirements, not identified in the SAL test description, to which the test must conform.

Code/Reorder Number(s): _____ Lot Number(s): _____
If Applicable If Applicable

Shipment Method: _____ Shipment Date: _____ Tracking Number: _____

Purchase Order Number: _____ Amount: _____

Date Preliminary Test Report is Required: _____

Send Preliminary Test Report: Fax: ☐ E-Mail: ☐ Overnight Currier: ☐

GLP Study (Extra Charge of \$250 applies)

Perform Study Using GLP? Yes ☐ No ☐

Return Samples Yes ☐ No ☐

Sample Storage Conditions

Ambient Conditions ☐ Refrigerate ☐ Freeze ☐ Other ☐
(Specify Below)

Storage Condition Comments:

Sterilization Method (if applicable)

Ethylene Oxide ☐ Radiation ☐ Steam ☐ Other ☐ Please Specify _____

Samples Aerated/Degassed? Yes ☐ No ☐ Duration / Conditions? _____

Additional Instructions

Authorization Signature: _____ Date: _____

Upon Completion please E-mail to: fweber@salabs.net of FAX to: (520) 628-7109