

BOSTON ANALYTICAL, INC.

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Send Report To: _____ Company: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ E-mail: _____	Send Invoice To: ___ Same as report Attn: _____ Address: _____ City _____ State _____ ZIP: _____ Quote Number: _____ Purchase Order Number: _____	RESULTS DUE DATE: _____ Testing must be completed by: _____ RUSH SERVICE _____ (1 to 5 Work Days) Prior Notice Required Various Surcharges May Apply Storage Conditions <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigeration <input type="checkbox"/> Freezer <input type="checkbox"/> Other _____
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IF SAMPLE IS A CONTROLLED SUBSTANCE PLEASE CIRCLE CLASS: I II III IV V DEA REGISTRATION NUMBER: _____ (Required)

SAMPLE IDENTIFICATION (As it is to appear on report) Please include Product Name, Quantity Supplied, Lot Number, Expiration Date, Package Size / Type, Stability Information if stored by client and any additional information or comments. Use additional sample submittal forms as needed. Include NDC number where applicable.

<u>Sample ID :</u> _____ _____ NDC Number: _____ Test _____ Method: _____ Claim: _____ Specs: _____ _____ _____
<u>Sample ID :</u> _____ _____ NDC Number: _____ Test _____ Method: _____ Claim: _____ Specs: _____ _____ _____
<u>Sample ID :</u> _____ _____ NDC Number: _____ Test _____ Method: _____ Claim: _____ Specs: _____ _____ _____

MSDS Provided ___ Yes ___ No **Note:** OSHA regulations require that Material Safety Data Sheets be available for inspections to all employees who may come in contact with client supplied material. Please be advised that testing delays may result if MSDS sheets are not on file or attached.