

BOSTON ANALYTICAL, INC.

8 Industrial Way, Unit D-3

Salem, NH 03079

(P) 603-893-3758 www.BostonAnalytical.com(F) 603-893-1268 info@BostonAnalytical.com**SAMPLE SUBMISSION FORM**

Send Report To: _____ Company: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ E-mail: _____	Send Invoice To: <input type="checkbox"/> Same as report Attn: _____ Address: _____ City _____ State _____ ZIP: _____ Purchase Order Number: _____	<u>RUSH SERVICE</u> _____ (1 to 5 Work Days) Prior Notice Required Various Surcharges May Apply <u>Storage Conditions</u> _ Room Temperature _ Refrigeration _ Freezer _ Other _____ <u>STANDARD SERVICE</u> _____ Controlled Substance / Schedule No. _____ DEA Reg. Number: _____ (Required)
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IF SAMPLE IS A CONTROLLED SUBSTANCE PLEASE CIRCLE CLASS: I II III IV V DEA REGISTRATION NUMBER: _____

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.

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Storage Conditions	Package Config. ¹	Intervals(hrs., days, months) ²											
25°C/40%RH		# samples											
25°C/60%RH													
30°C/65%RH													
40°C/75%RH													
5°C													
25°C													
-10°C to -20°C													
Photostability ³													
Other (specify)													
Totals ⁴													

Package Configuration: Type of packaging the sample is sent in, ie. blisters, bottles, tubes etc.

Intervals: Enter type of intervals needed for stability. Ie. Initial, 1M, 2M, 3M, 6M etc. Please check off appropriate condition/s for each interval.

Photostability: ICH Option 2. Study is performed at 10,000 lux/hour.

Totals: Total number of samples needed for each condition/interval.

Note: If not all tests requested are required for each interval, please specify which tests are required for which intervals(ie. Assay, Dissolution, Rel. Compounds etc.)

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