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Company Information

| | |
|------------------------|---|
| Send Report To: | Send Invoice To: <input type="checkbox"/> Same as report |
| Attn: | Attn: |
| Company: | Company: |
| Address: | Address: |
| Phone: | Quote Number: |
| E-mail: | Purchase Order Number: |

Service and Sample Handling Instructions

| <u>Services</u> (Turn Around Time and Data) | <u>Type of Sample</u> | <u>Storage Conditions</u> | <u>Special Handling</u> | <u>Controlled Substance</u> |
|---|--|---|---|---|
| <input type="checkbox"/> Standard <input type="checkbox"/> Rush ^{1,2} Date Needed: _____ <input type="checkbox"/> Include Raw Data ¹ | <input type="checkbox"/> Raw Material <input type="checkbox"/> Plate/Microbial ID <input type="checkbox"/> Drug Product <input type="checkbox"/> Other _____ <input type="checkbox"/> Stability | <input type="checkbox"/> Room Temperature <input type="checkbox"/> Refrigeration <input type="checkbox"/> -20°C Freezer <input type="checkbox"/> -80°C Freezer <input type="checkbox"/> Other | <input type="checkbox"/> Normal <input type="checkbox"/> Hazardous <input type="checkbox"/> Light Sensitive <input type="checkbox"/> Other | CIRCLE CLASS: I II III IV V REGISTRATION NUMBER: (Required): |

Sample and Testing Information

| PRODUCT NAME/ DESCRIPTION (All information here is as it will appear on the CoA/Report) | | Number Supplied | LOT NUMBER |
|--|---------|-----------------|----------------|
| | | | |
| | | | |
| | | | |
| TEST | METHOD* | CLAIM* | SPECIFICATION* |
| | | | |
| | | | |
| | | | |
| *Not needed if reference document (i.e. specification or method) that has all of the information entered here Or give previous project number (only if all parameters are identical): _____ | | | |
| General Comments: | | | |
| Completed by: | | Date: | |
| Samples Shipped by (only if need chain of custody): | | Date: | |
| Samples Received by: | | Date: | |

¹ Various Surcharges May Apply

² Prior notice is required