

Sample Analysis Request Form

ADN483

Please complete this form and return to info@adpen.com

CLIENT INFORMATION			
COMPANY NAME:		ACCOUNT NUMBER:	
CONTACT NAME:			
ADDRESS:			
EMAIL ADDRESS:			
PHONE NUMBER:			
PURCHASE ORDER NUMBER:		QUOTATION NUMBER:	

ANALYSIS DELAY	STORING CONDITION	SAMPLE TYPE	SAMPLE FOR:
<input type="checkbox"/> Standard (10 working days) <input type="checkbox"/> Expedited (5 working days) <input type="checkbox"/> Other (specify) :	<input type="checkbox"/> Room temperature <input type="checkbox"/> Refrigerated (2°C to 8°C) <input type="checkbox"/> Freeze (-10°C to -25°C) <input type="checkbox"/> Deep freeze (-70°C to -90°C) <input type="checkbox"/> Protected from humidity <input type="checkbox"/> Protected from light <input type="checkbox"/> Other (specify) :	<input type="checkbox"/> Dangerous product <input type="checkbox"/> Raw drug product <input type="checkbox"/> Cytotoxic <input type="checkbox"/> SDS included (mandatory)	<input type="checkbox"/> Routine Analysis <input type="checkbox"/> Stability Study <input type="checkbox"/> Investigation <input type="checkbox"/> Other (specify) :

*** SEPARATE SAMPLES ARE REQUIRED FOR CHEMISTRY AND MICROBIOLOGY TESTING ***

SAMPLE AND TESTING INFORMATION			
PRODUCT NAME		CODE/DIN	
LOT NUMBER		SPECIFICATION NUMBER AND VERSION	<input type="checkbox"/> included:
ANALYSIS TO BE PERFORMED	METHOD(S)	SPECIFICATION / LIMIT	

By signing this test requisition, you agree to the Terms of Service set forth at www.ADPEN.com or in the Technical Quality Agreement.

TESTING AUTHORIZED BY (signature): _____ DATE : _____

FOR INTERNAL USE ONLY	
Received by: _____	Date: _____
Comments/Conditions:	Sample Arrival and Check-in
	Date: _____
	Time: _____
	Initials: _____