

LABORATORY SAMPLE SUBMISSION INFORMATION**CONTACT INFORMATION**Company:
Street Address:
City, State, Country:
Contact Name:
Email:
Phone #:**PAYMENT INFORMATION**Purchase Order #:

Quotation #:

Send Invoice to:**A completed Sample Submission Form MUST accompany all sample shipments**

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- Ship to: ZebraSci, Inc., Attn: Sample Receiving, 27973 Diaz Road, Temecula, California 92590
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- Ship to: ZebraSci, Inc., Attn: Sample Receiving, 50 County Line Road, Branchburg, New Jersey 08876

SAMPLE IDENTIFICATION*Description will appear on CoA/Test Report as written. Include unique identification for each sample submitted and all relevant information (Lot No. / Serial No. / Part No. / Qty. / etc.).*Identify any specific storage/handling requirements: *Samples will be stored at ambient RT unless otherwise stated. i.e. refrigerated/frozen storage, protect from light, etc.*Does this submission include drug product/placebo? Yes No *If Yes, the MSDS must be provided. NDC #: N/A*Does this submission include any controlled substance(s)? Yes No *If Yes, identify Class:***REQUESTED TESTING / SPECIFIC INSTRUCTIONS***Submission must match the quotation. Indicate the requested test for each sample and provide any specific instructions (if applicable).*Will the data be used in a Regulatory filing? Yes NoClient Protocol No. (if applicable): N/A**SAMPLE DISPOSITION***ZebraSci will retain sample(s) for a minimum of 30 days post report issuance date then dispose of sample(s) according to ZebraSci procedures unless otherwise specified.*Return sample upon test completion: Yes No Carrier / Account No.: N/A**CUSTOMER APPROVAL**Additional Comments: N/AName:
Company/Title:
Signature/Date:Questions? Contact sales@zebrasci.com