

KLS 08DEC2023

CONTACT INFORMATION (This will appear on the final report)		PAYMENT INFORMATION	
Company:		Purchase Order #:	Quotation #:
Street Address:		Send Invoice to:	
City:	State:		
Country:	Zip Code:		
Contact Name:		SAMPLE STORAGE AND REPORTING INFORMATION	
Phone #:	Email:	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. <input type="checkbox"/> 2-8°C <input type="checkbox"/> Ambient <input type="checkbox"/> 23 ± 5°C <input type="checkbox"/> Protect from light <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
SAMPLE IDENTIFICATION AND INTAKE INFORMATION		Chamber Excursion Limit for Client Notification: <input type="checkbox"/> 2 hours (ZS limit), <input type="checkbox"/> N/A <input type="checkbox"/> Other (Please describe specific requirements for notification): _____	
Does the submission include either drug product, or placebo? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, the MSDS must be provided. NDC #: <input type="checkbox"/> N/A			
Does this submission include any controlled substance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify Class: III / IV / V		How are results to be reported? <input type="checkbox"/> Test Report <input type="checkbox"/> C of A <input type="checkbox"/> Other: _____	
Is this a development project (non-GMP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		1Return sample upon test completion: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, samples will be disposed Carrier / Account No: _____ <input type="checkbox"/> N/A	
Is visual inspection needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is testing for commercial product? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SPECIFIC TESTING INSTRUCTIONS/PROTOCOL(s): Indicate the requested test for each sample and provide overarching protocols and/or method references.			
Sample Description	Lot/Batch #	Quantity	Time Point (If applicable)
CUSTOMER APPROVAL		A completed Sample Submission Form MUST accompany all sample shipments. <input type="checkbox"/> Ship to: ZebraSci, Inc., Attn: Sample Receiving, 27973 Diaz Road, Temecula, California 92590 <input type="checkbox"/> Ship to: ZebraSci, Inc., Attn: Sample Receiving, 50County Line Road, Branchburg, New Jersey 08876	
Additional Comments:			
Name:			
Company/Title:			
Signature:	Date:		

¹ 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.

Please note controlled substances may be disposed of as soon as possible after report issuance.