



# ANALYTICAL REQUEST FORM

SEND CERTIFICATE OF ANALYSIS TO		SEND INVOICE TO : <input type="checkbox"/> same address than certificate)	
Contact		Contact	
Company		Company	
Address		Address	
Email		Email	
Phone number		Phone number	

PURCHASE ORDER #		QUOTE #	
ANALYSIS REQUEST #		PROJECT # / PROTOCOL #	

TURNAROUND TIME	SAMPLE STORAGE	SAMPLE TYPE	SAMPLE SENT FOR
<input type="checkbox"/> REGULAR <input type="checkbox"/> RUSH* (rush fees applicable) Specify: _____	<input type="checkbox"/> Room temperature <input type="checkbox"/> Refrigerator (2°C to 8°C) <input type="checkbox"/> Freezer (-10°C to -25°C) <input type="checkbox"/> Deep-freezer (-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"/> Controlled Substance <input type="checkbox"/> Precursors <input type="checkbox"/> Dangerous goods <input type="checkbox"/> Cytotoxic FDS sheet included <input type="checkbox"/>	<input type="checkbox"/> Regular Analysis <input type="checkbox"/> Stability study (to start) <input type="checkbox"/> Validation - Chemistry <input type="checkbox"/> Validation - Microbiology <input type="checkbox"/> Other (specify) : _____

(\*) Priority analysis is subject to approval according to availability. Delay and applicable fees will be confirmed by the Customer Service Department.

**SAMPLE AND ANALYSIS INFORMATION** \*\*\* INDEPENDANT SAMPLING IS REQUIRED FOR CHEMISTRY AND MICROBIOLOGY TESTING \*\*\*

SAMPLE NAME			CODE / DIN	
LOT NUMBER		SPECIFICATION NUMBER (VERSION/CODE)		<input type="checkbox"/> included
<b>ANALYSIS TO PERFORM :</b> <input type="checkbox"/> CHEMISTRY <input type="checkbox"/> MICROBIOLOGY (WITH VALIDATED METHOD) <input type="checkbox"/> MICROBIOLOGY (WITHOUT VALIDATED METHOD) <b>COMPLEMENTARY INFORMATION :</b> <input type="checkbox"/> ANALYSIS ON EACH SEPARATE CONTAINER <input type="checkbox"/> ANALYSIS ON COMBINED CONTAINER (POOL)				
ANALYSIS TO PERFORM	METHODS	SPECIFICATION(S) / LIMIT(S)		

TECHNICAL INSTRUCTIONS (examples: special instructions related to the analysis, « data logger » to be returned to the client including carrier account number, etc.)

COMMENTS OR ADDITIONNAL INFORMATION THAT MUST APPEAR ON THE CERTIFICATE OF ANALYSIS

By signing this analysis request form, the Client accepts Neopharm Labs sales conditions. In absence of formal Quality Agreement, Neopharm Labs will apply the terms and conditions of its Standard Quality Agreement.

ANALYSIS AUTORISED BY (BLOCK LETTER) : \_\_\_\_\_

DATE : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_