



SAMPLE SUBMISSION FORM

Name of Submitter: _____
 Title: _____
 Company: _____
 Address: _____

 Phone: _____
 Fax: _____
 E-Mail: _____
 Comments: _____

Purchase Order #: _____

Report to: _____
 Title: _____
 Company: _____
 Address: _____

 Phone: _____
 E-Mail: _____

Regulatory Requirement:	
<input type="checkbox"/> cGMP <input type="checkbox"/> GLP <input type="checkbox"/> R&D	
Sample Handling:	
<input type="checkbox"/> DEA Schedule # _____	
Return Samples at Client Expense: If not checked, samples will be disposed of by Solvias. <input type="checkbox"/>	
Safety Data Sheet (SDS) Attached: OSHA regulations require that Safety Data Sheets be available for inspections to all employees who may come in contact with client supplied material. Please be advised that testing delays (and additional fees) may result if SDS sheets are not on file or attached. <input type="checkbox"/>	
Comments	Proposal No. / Study No.:

	Sample Description	Lot Number	Wt. / Vol. / Units	Storage Requirement	Analysis	Limit / Specifications <small>(attach additional page if necessary)</small>	For Internal Solvias Use Only <small>(TST ID / comments to be completed by the Pharmacy Coordinator or designee)</small>
1				Room Temp. (18-23°C) <input type="checkbox"/> Refrigerated (2-8°C) <input type="checkbox"/> Frozen (≤ _____°C) <input type="checkbox"/> Other: _____ <input type="checkbox"/>			
2				Room Temp. (18-23°C) <input type="checkbox"/> Refrigerated (2-8°C) <input type="checkbox"/> Frozen (≤ _____°C) <input type="checkbox"/> Other: _____ <input type="checkbox"/>			
3				Room Temp. (18-23°C) <input type="checkbox"/> Refrigerated (2-8°C) <input type="checkbox"/> Frozen (≤ _____°C) <input type="checkbox"/> Other: _____ <input type="checkbox"/>			
4				Room Temp. (18-23°C) <input type="checkbox"/> Refrigerated (2-8°C) <input type="checkbox"/> Frozen (≤ _____°C) <input type="checkbox"/> Other: _____ <input type="checkbox"/>			

Signature of Submitter: _____ Date: _____ Comments: _____

Signature on the above line indicates that the signing party agrees to, and has the authority to agree to, all of the standard terms and conditions. Signing also indicates that this form is completed in its entirety.

For Internal Solvias Use Only			
Solvias Study Number:		Comments:	
Sample Condition:			
Received By (Initials/Date):		Verified By (Initials/Date):	