**Internal Information**

**REQUEST FOR ANALYSIS** Date of receipt:       Initials:

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| --- |
| [ ]  **TIME CRITICAL SAMPLES** (Only available if expedited analysis is covered by a quote AND if feasibility has been agreed upon with the lab prior to shipment.*The time critical samples analyses are invoiced as express samples with an additional urgent fee.* |

1. **CUSTOMER INFORMATION**

|  |  |
| --- | --- |
| **Shipping Address (for the report / certificate)** | **Billing Address** [ ] Same as the Shipping Address |
| Name:      Company:      Address      ZIP:       City:      State:       Country:      Telephone:       Fax:      E-Mail:       | Name:      Company:      Address      ZIP:       City:      State:       Country:      Telephone:       Fax:      E-Mail:       |

1. **FINANCIAL**

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| Quote number (listed on the invoice) |       | Expedited Turn Around Requested \* | Choose an item. |
| PO number (listed on the invoice) |       |  |  |
| Solvias Contact (Customer Project Leader) |       | Solvias Contact (Department) | Choose an item. |

**\*Expedited turn around must be agreed upon with Solvias team in advance of order submission.**

1. **QUALITY STANDARD**

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| Please specify: Choose an item. | If other:       |
| Bioequivalence? Choose an item. | Report Type: Choose an item. |

1. **SAMPLE(S) IDENTITY AND DESCRIPTION**

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| --- | --- | --- |
| Sample Type:Choose an item. | Product Name (appears on report):       | Stability sample: Choose an item.if yes specify stability storage conditions:      °C      %rH Time Point:      Pull Date:      |
| Lot/Batch:       | Material format (Specific liquid/Buffer type, lyophilized, etc.):       |
| Sample Concentration/Strength:       | Total Units provided:       | Unit Type(s) (vial, tube, ampule, etc):       | Formulation Buffer:       |

1. **TRANSPORT CONDITION**

|  |  |  |  |
| --- | --- | --- | --- |
| Please specify: Choose an item. | If other:       | Data logger in package:  | Choose an item. |
|  |  | # of data loggers in package: |       |
|  |  | Data logger disposition: | Choose an item. |

1. **STORAGE CONDITION UPON RECEIPT**

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| --- | --- | --- | --- |
| Please specify Temperature: Choose an item. | If other:       | Sample disposition after analysis: | Choose an item. |
| Light Sensitive: Choose an item. | Light Protection:       | Moisture Control Needed: Choose an item. | Moisture Control Method:       |

1. **HAZARD INFORMATION**

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| Type of risks: Choose an item. | **The sample is a GMO (Genetically Modified Organism)**  Choose an item.**The sample is a bacteriophage or virus** Choose an item. |
| Toxicity category: Choose an item. |  |
| MSDS number :       (please join a copy if available) | **Biological Safety level:**Choose an item.If other:       |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other information:      require specific safety measures,same applies for “unknown risk” |

1. **ANALYSIS**

| Requested Method Description | Solvias Method/ Monograph (if known/applicable) | Result Specification (if applicable) | Container Description and Quantity (material, fill volume, and indicated usage) |  Quantity of samples to be used for analysis (please note if Solvias will need to generate aliquots or pool containers) |
| --- | --- | --- | --- | --- |
| *(Example: HIAC, USP<788>* | *USP<788>* | *per USP<788>* | *10 x 1mL vial* |  *Pool 10 vials)* |
| *(Example: CCIT – dye ingress* | *USP<1205>* | *No dye ingress.* | *2 x 5mL positive control**2 x 5mL negative control**5 x 5mL samples* | *2 x 5mL positive control**2 x 5mL negative control**5 x 5mL samples)* |
|       |       |       |       |       |
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1. **COMMENTS**

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By my signature below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge.

**Date:** **Customer Printed Name:**

**Signature of the customer:**