**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**

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| --- | --- |
| **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**

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| 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:**