**Internal Information**

**REQUEST OF ANALYSIS** Date of receipt:       Visa:

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| **TIME CRITICAL SAMPLES** (Only for customer for which ones this type of analysis is covered by a quote) Request must be provided 48H prior to shipment, feasibility must be agreed with the lab prior to shipment.  **Indicate max. time between sampling and analysis:**  In the event of a mismatch between request and sample labelling, the analysis will be launched without waiting for customer feedback to guarantee compliance with time constraints, as long as security compliance is ensured.  *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: |
| Confirmation is sent by email automatically after registration | |

1. **FINANCIAL**

|  |  |  |  |
| --- | --- | --- | --- |
| PO number (listed on the invoice) |  | Offer number |  |

1. **QUALITY STANDARD**

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| --- | --- |
| Please specify: | If other: |

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

|  |  |  |
| --- | --- | --- |
| Please specify: | Product Name: | Stability sample:  If yes specify conditions:      °C       %rH  Duration: |
| Product code: |

1. **TRANSPORT CONDITION**

|  |  |  |  |
| --- | --- | --- | --- |
| Please specify: | If other: | Data logger in package |  |

1. **STORAGE CONDITION (available at Solvias France)**

|  |  |  |  |
| --- | --- | --- | --- |
| Please specify: | Additional: | Remaining sample to return after analysis |  |

1. **HAZARD INFORMATION**

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| Type of risks: | | | | **The sample is a GMO (Genetically Modified Organism)**  **The sample is a bacteriophage** | | | | | |
| MSDS number :       (please join a copy if available) | | | | | | | | | **Biological Safety level:**    If other: |
|  |  |  |  | |  |  |  |  |
| Other information:  Require specific safety measures,  same applies for “unknown risk” | | | | | | | | |

1. **ANALYSIS**

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| Single sample for several analysis, aliquoting has to be performed by SOLVIAS FRANCE SAS. In that case fill a line with the references of the main sample and one additional line per type of analysis including needed quantity. | | | | | | |
| Additional sample for on-going analysis       (please specify type of analysis). | | | | | | |
| Batch number | Standard / Method | Specification / details | Quantity of samples per analysis | Validation / Routine(1) | | Timeline(2) |
| V/R | If already validated, indicate method number |
|  |  |  |  |  | ; Nr: |  |
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(1) V: Validation R: Routine (2) E :Express S :Standard

1. **COMMENTS**

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| Sending of raw data per scan requested |

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:** **Name:** **Signature of the customer:**