**Solvias RTP - Internal Use Only**

**Solvias RTP- Order Form** Date of receipt:       Initials:

1. **CUSTOMER INFORMATION**

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| --- |
| Name:  Company:  Address:  City:       State:  Zip code:       Country:  Telephone:       E-Mail: |

1. **FINANCIAL**

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| --- | --- | --- | --- |
| Quote number |  | Solvias Contact (Project Manager) | Choose an item. |
| PO number |  | Solvias Contact (Department) | Choose an item. |
| Turn Around Requested \* | Choose an item. | **\*Expedited turnaround must be agreed upon with Solvias team in advance of order submission.** | |

1. **QUALITY STANDARDS**

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| --- | --- |
| Phase: Choose an item. | Analysis Type: Choose an item. |
| Report Type: Choose an item. |  |

1. **SAMPLE IDENTITY AND DESCRIPTION**

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| --- | --- | --- | --- |
| Material Type:  Choose an item. | Product Name (as it will appear on the report/CoA): | | Stability sample: Choose an item.  If yes, specify:  Time Point:  Storage Temp: Choose an item.  %RH: Choose an item.  Pull Date: |
| Lot/Batch: | |
| Material format: Choose an item. | Concentration/Strength: | Container/Closure: Choose an item. |
| Quantity/volume sent: | | Is this sample part of a bioequivalence study? Choose an item. |

1. **TRANSPORT CONDITION**

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| --- | --- |
| Please specify: Choose an item. | Temperature monitor(s): Choose an item. |
| Temperature monitor disposition:Choose an item. | |

1. **STORAGE CONDITION UPON RECEIPT**

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| --- | --- |
| Temperature: Choose an item. | Sample disposition after analysis: Choose an item. |
| Light Sensitive: Choose an item. | Hygroscopic: Choose an item. |

1. **HAZARD INFORMATION**

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| --- | --- |
| **The sample is a GMO (Genetically Modified Organism):** Choose an item.  **The sample is a bacteriophage or virus:**Choose an item. | |
| **Biological Safety level:**Choose an item. | |
| Toxicity category:  Choose an item. | **Tox cat 0:** Substances with no to very low health hazard potential  **Tox cat 1:** Substances with low to medium health hazard potential  **Tox cat 2:** Substances with high to very high health hazard potential OR Substances with **INSUFFICIENT INFORMATION.**  **Tox cat 3:** Substances with very high to extremely high health hazard potential. |
| Mutagenic: Choose an item.  Teratogenic: Choose an item. | |

1. **ANALYSIS**

| Requested Method Description | Solvias Method ID/ Protocol ID | Specification |
| --- | --- | --- |
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| *(Example: CCIT – dye ingress* | *USP<1205>* | *No dye ingress.)* |

1. **COMMENTS**

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|  |

By my signature below, I certify that the information provided is complete and accurate to the best of my knowledge.

**Customer Printed Name:**

**Date:**

**Customer Signature:**