

## Solvias RTP- Order Form

### Solvias RTP - Internal Use Only

Date of receipt:

Initials:

### 1. CUSTOMER INFORMATION

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

### 2. FINANCIAL

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.	

### 3. QUALITY STANDARDS

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

### 4. SAMPLE IDENTITY AND DESCRIPTION

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.	Is this sample part of a bioequivalence study? Choose an item.
	Quantity/volume sent:		

### 5. TRANSPORT CONDITION

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

### 6. STORAGE CONDITION UPON RECEIPT

Temperature: Choose an item.	Sample disposition after analysis: Choose an item.
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Light Sensitive: Choose an item.	Hygroscopic: Choose an item.
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## 7. HAZARD INFORMATION

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

## 8. ANALYSIS

Requested Method Description	Solvias Method ID/ Protocol ID	Specification
<i>(Example: CCIT – dye ingress</i>	<i>USP&lt;1205&gt;</i>	<i>No dye ingress.)</i>

## 9. 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:**

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