**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**

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| 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**

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| --- | --- | --- |
| 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:       |  |
|       |       |       |       |  |  ; 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:**