

Test Substance Submission Form

Ship Samples with COMPLETED FORM to:

Element Eagan • ATTN: Log-In • 1285 Corporate Center Drive, Suite 110 • Eagan, MN 55121

All entries on this form are required to be completed unless otherwise noted.

Quote/Protocol # _____ Company Name: _____ Date: _____

Authorized By: _____ Email: _____ Phone: _____

Active Ingredient Identity / Approx. Concentration (Ex: 25% ethanol)	Test Substance Name	Lot/Batch #	Manufacture Date	Expiration Date

Testing Facility Management Verification of Appropriate Substance Testing for GLP Testing Only

Test Substance Chemical Characterization			
Identity, strength, purity, and uniformity, as applicable, of the lots has been or will be completed prior to efficacy testing	Yes	No	Not required, non-GLP testing
If yes, testing was or will be performed following applicable GLP regulations	Yes	No	
Test Substance Stability			
Stability testing of the formulation has been or will be completed prior to or concurrent with efficacy testing	Yes	No	Not required, non-GLP testing
If yes, testing was or will be performed following applicable GLP regulations	Yes	No	

Storage Conditions Ambient 2-8°C Frozen In the dark See comments

Substance Hazards None known; Use standard precautions See enclosed SDS
 Flammable Oxidizer Corrosive Acidic Basic
 Environmental toxicity Toxic Irritant Carcinogen
 See comments

Comments:

Substance Disposition: Any remaining test substance will be retained for 30 days after test results are reported to the Sponsor. **Following the 30-day retention period, test substances will be disposed of unless otherwise requested below.**

Please return remaining test substance after the retention period (following page must be filled out in entirety, additional fees may incur)



Test Substance Return Form

Return remaining test substance after retention period as follows:

Instructions For Sample Return

Contact Name (ATTENTION TO): _____

Phone: _____ **Email:** _____

Ship to Address:

Company Name: _____

Fedex UPS or Other _____ **Shipping Account # :** _____

Shipping Priority (ex: 2-day,overnight, ground, etc.): _____ **Value Declaration: \$** _____

Insurance Requested: No insurance requested Please insure the shipment for the declared value.

Special Shipping Instructions: