element

Element Concord Sample Submission Form

Quote Reference Number: *(Required for testing)*

Purchase Order Number: *(Required for testing)*

Customer Contact Information

Company Name:

Street Address:

City/State: Zip Code:

Contact Person: Email(s):

Phone/Ext.:

Turn Around Time Requested: Standard   Rush (additional charges apply)

Sample Description: (i.e. purified water, WFI, product):

Is this a controlled substance?   **No**   Yes   Schedule:

FOR STERILITY ONLY: N/A   Batch Size: Volume Per Container:

Category   Liquids   Solid

Classification: Parental   Antibiotic Solids   Ophthalmic   Non-injectable Preparations

Suitability/Validation Report Number: N/A

SAMPLE HAZARDS: Not Hazardous   Reactive   Biohazard   Toxic   Other:

SAMPLE STORAGE REQUIREMENTS:
Room Temp   Refrigerator (2-8°C)   Freezer (-20±10°C)   Ultracold (-70±10°C)

SPECIAL INSTRUCTIONS/COMMENTS: N/A   Is this a commercial product: Yes   No

(Element Use Only)	
Login by/date	
Location	Room Temperature Refrigerator (2-8°C) Freezer (-20±10°C) Ultracold (-70±10°C)
Report No. or Client Protocol (CP) No.	

Element Concord Sample Submission Form

Quote Reference Number:

Purchase Order Number:

Customer Contact Information

Company Name:

Sample Name (As will appear in certificate of analysis)	Sample Lot Number	Number of Containers	Test Code(s) (Referenced from quote)	Acceptance Criteria **Required** (If no criteria, report value)	Sample # (Element Use Only)
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				
	N/A				

Sample Submissions and Testing Authorized by:*   **Date:**

*By signing, you are authorizing Element to perform the requested tests and agree to Element's terms and conditions.