



FOR INTERNAL USE ONLY, ELEMENT EAGAN TRACKING #: _____

Test Sample Submission Form

Ship samples with COMPLETED FORM to: Element Eagan ATTN: Log-In
1285 Corporate Center Drive, Suite 110
Eagan, MN 55121

Quote/Protocol # _____ Company Name: _____

Authorized By: _____ Date: _____ Phone #: _____ Email: _____

Active Ingredient Identity / Approx. concentration (Ex. 25% Ethanol)	Test Substance Name	Lot/Batch #	¹ Testing Facility Management Verification of Appropriate Substance Testing: Has the following testing been or will be performed in accordance with GLP regulations prior to use in testing?			
			Manufacture date	Expiration Date	¹ Substance Characterization	¹ Substance Stability
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Information required for samples used in GLP testing only.Storage Conditions: ☐ Ambient ☐ 2-8°C ☐ Frozen ☐ In the dark ☐ Other, see commentsSubstance Hazards: ☐ See enclosed SDS ☐ None known; use standard precautions.☐ Flammable ☐ Oxidizer ☐ Corrosive ☐ Environmental toxicity ☐ Toxic ☐ Irritant ☐ Carcinogen
☐ Acidic ☐ Basic ☐ Other; see comments

Comments: _____

*Substance Disposition Following 30 Days After Final Report Completion: ☐ Discard ☐ Return (*must complete following page*)

*If disposition is not selected, substances will be discarded 30 days after final report completion



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INSTRUCTIONS FOR SAMPLE RETURN

Contact Name (Attention to): _____ Phone #: _____ Email: _____

Ship to Address: _____

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

Shipping Priority (ex: 2-day,overnight, ground, etc.): _____

Value Declaration: \$ _____

Special Shipping Instructions: _____