

Element Concord Sample Submission Form

Quote Reference Number: (Required for testing)

SPECIAL INSTRUCTIONS/COMMENTS:

(Elemen	it 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.	

Purchase Order Number: (Required for testing)		Report No. or			
Customer Contact Information		Client Protocol (CP) No.			
Company Name:					
Street Address:					
City/State:	Ziŗ	Zip Code:			
Contact Person:					
Phone/Ext.:	Email(s):	Email(s):			
Furn Around Time Requested: Standa	Rush (additional charges app	Rush (additional charges apply)			
Sample Description: (i.e. purified water,	WFI, product):				
s this a controlled substance? No	Yes Schedule:				
FOR STERILITY ONLY: N/A Batch Size: Category Liquids Solid	Volume Per Container:				
Classification: Parental Antibiotic Solids	Ophthalmic Non-injec	table Preparations			
SAMPLE HAZARDS: Not Hazardous	Reactive Biohazard Toxic	Other:			
Room Temp Refrigerator (2-8°C)	Freezer (-20±10°C) Ultracold (-70:	±10°C)			

N/A

			Element Co	oncord Use Only
Transport Condi	tion: 🗆 Room Tempe	erature 🗆 Cold	•	le Pick-Up N/A
Sample Pick-Up	By/Date/Time:			Sample Arrival By/Date/Time:
Sample Integrity	Uncompromised	Compromised	If Compromised Explain:	
Sample Transport Temperature \Bigcup N/A				
Log Tag ID		☐ Within Range	Out of Range, Explain	
No./Cal due:				
Lab Received By,	/Date:	Tested/Incub	ated By/Date:	Sample Retain: Location & By/Date:
Comments:				

Is this a commercial product:

Yes

No

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Customer Contact Inform	nation	
Purchase Order Number:		
Quote Reference Number:		

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				

Sample Submissions and	Testing Authorized by:	*
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Date:

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