

**Toronto Life Sciences**

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# Analytical Request Form

TOR-FORM-0152, Rev:002

Apply Job  
Number Label

**Send Report To**

Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Send Invoice To**

AP Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Project/quote: \_\_\_\_\_  
Purchase order: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Please note that scheduling of analytical services will not begin until receipt and/or clarification of all required information**

**Turnaround Time (business days):**

- ☐ Normal 10 days (routine analyses)  
☐ Rush 5 days  
☐ Rush 3 days  
☐ Rush 1 day  
☐ Other

Rush  
fees will  
apply

**Storage**

- ☐ Ambient/Room Temperature  
☐ 20 to 25 °C  
☐ 2 to 8 °C  
☐ -15 to -25 °C  
☐ -70 to -90 °C

**Analysis Type - Regulatory Requirements**

- ☐ GMP ☐ Canada ☐ USA ☐ Other  
☐ Release testing:  
    ☐ API ☐ Excipient ☐ Product  
☐ Stability testing for marketed products  
☐ Stability testing for submission  
☐ Method validation, verification or transfer  
☐ Clinical Phase: \_\_\_\_\_  
☐ R&D  
    ☐ Development/Feasibility/Investigative  
    ☐ R&D Testing/Stability  
☐ ISO 17025  
☐ Other: \_\_\_\_\_

**Sample Information**

- ☐ Controlled substance, Schedule: \_\_\_\_\_  
☐ Hazardous  
    Type: \_\_\_\_\_  
☐ Light Sensitive  
☐ Hygroscopic  
\*Note: SDS Must be included  
**Reporting Options**  
☐ CofA/Report  
☐ Raw data (charges will apply)  
    ☐ Lab book record(s)  
    ☐ Instrument printouts

**Sample Identification and Testing Information** (Attach separately if space is not sufficient)

No. of Units	Qty. (g)	Sample ID for Report (Name, Lot#, ID#, etc...) • Must match sample label.	Test Name, Method and/or Compendia Reference	Test Specifications And/or Reporting Instructions. • Specifications required for all GMP work.

Sample(s) will be kept for one (1) month from date of analysis and then discarded according to Element policy unless the return of the sample(s) is requested by the client at the point of submission. ☐ Return Sample after testing.

Courier name and account number for return shipment: \_\_\_\_\_

**Additional Information (including instructions for dataloggers):**

To ensure compliance with GMP requirements, compendial methods must be verified; non-compendial test methods must be transferred and/or validated for all testing Phase 3 clinical or beyond. Method verification transfer and/or validation services are available on request and are the responsibility of the client. Where method verification, transfer and/or validation have not occurred, reports will indicate "method not verified, validated or transferred (as applicable) for this matrix at this facility." For Pre-Phase 3 Clinical, reports will indicate "Testing is for Clinical Phase 1 or 2. Methods are not validated/verified"

Testing Authorized by (Client):	Company:	Date:
Received by (Element sample reception):		Date:

NOTES: All services provided will adhere to Element Materials Technology Canada Inc. Terms & Conditions unless otherwise agreed with the client.