

## **Toronto Life Sciences**

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## Analytical Request Form

TOR-FORM-0152, Rev:002

Apply Job Number Label

Send Report To Contact:				AF	Send Invoice To AP Contact:			
Company:					Address:			
Address:					Droig of / gueto			
					Project/quote:			
Email:					Purchase order:			
Phone:					Phone:			
				En	nail:			
Please	note tha	t scheduling of anal	lytical services	s will not begin	until receipt and/or c	larification of all r	equired information	
Turnaround Time (business days):			Analysis Type - Regulatory Requirements  ☐ GMP ☐ Canada ☐ USA ☐ Other		Sample Informa	ation		
☐ Normal 10 days (routine analyses)			☐ Release testing:		☐ Controlled sub	☐ Controlled substance, Schedule:		
☐ Rush 5	•	Rush	☐ API ☐ Excipient ☐ Product			_		
☐ Rush 3	•	fees will	☐ Stability testing for marketed products		☐ Hazardous			
☐ Rush 1 ☐ Other	l day	ر apply	☐ Stability testing for submission			☐ Light Sensitive	Type:	
Storage			☐ Method validation, verification or transfer			☐ Hygroscopic		
U	nt/Room	Temperature	☐ Clinical Phase: ☐ R&D			*Note: SDS Must be included		
□ 20 to 25		•	☐ Development/Feasibility/Investigative		Reporting Options			
□ 2 to 8°0	С		☐ R&D Testing/Stability		☐ CofA/Report			
□ -15 to -2			□ ISO 17025		☐ Raw data (charges will apply) ☐ Lab book record(s)			
□ -70to -9	90 °C		□ Other:		☐ Instrument printouts			
							·	
Sample Identification and Testing Information (Attach separately if space is not sufficient)								
		•		sting informat	ion (Attach separately	•	,	
No. of	Qty.	Sample ID for	Report	Test Nam	e, Method and/or	Test S	pecifications	
No. of Units	Qty. (g)	•	Report t, etc)	Test Nam	•	Test S And/or Rep	,	
	-	Sample ID for I	Report t, etc)	Test Nam	e, Method and/or	Test S And/or Rep	porting Instructions.	
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