

CHAIN OF CUSTODY / SERVICE REQUEST

SEND REPORT TO

Name

Company

Address

City / State / Zip

Email Phone

BILLING INFORMATION

Name

Company

Address

City / State / Zip

Email Phone

SAMPLES AND TESTS REQUESTED

Total number of samples

DATE / TIME	SAMPLE ID	POTENCY	PURITY	MASS CONF.	ENDOTOXINS	STERILITY	METALS	PH	SPECIAL INSTRUCTIONS
		☐	☐	☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	☐	☐	

SHIPPING INSTRUCTIONS

Ship overnight on ice, in final form packaging, with this completed form enclosed. Label every vial with your order number and sample name.
Receiving hours are 8–5 daily; couriers may leave packages at the front desk. Send samples only to the address printed on this form.

SAMPLE TRANSFER RECORD (1)

Relinquished by

Signature Date

Received by

Signature Date

SAMPLE TRANSFER RECORD (2)

Relinquished by

Signature Date

Received by

Signature Date