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| Stira Pharma will not begin work on customer samples without a complete and signed Sample Submission Form and **SDS** wherever applicable. Please print information clearly. |
| **SEND REPORT TO:** | **SEND INVOICE TO: □** Same as Report  **□** Address Below |
| Attention/Title: |  | Attention: |  |
| Company: |  | Company: |  |
| Address: |  | Address: |  |
| City, State, Zip: |  | City, State, Zip: |  |
| Phone: |  | Fax: |  |
| Email: |  | Email: |  |
| **Card Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Card Holder Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Quote Number:**(Attach copy if appropriate) | PO Number (Required): |
| Testing will not be started unless all applicable items in this section are filled properly. |
| **S. No.** | **Sample Details and Batch/Lot #** | **Tests to be conducted** | **Quantity** | **Specification/Limit** |
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| **METHOD: □ Provided □ Develop □ Validate □ Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Controlled Substance □ YES □ NO If Yes: DEA # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEA Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_**HAZARDS:** □ Antineoplastic □ Carcinogen □ Cytotoxic □ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Turnaround Time:** As per the Quote provided or **Need By: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**(Express is subject to prior approval and availability)**Note:** Unless requested by the client, samples will be destroyed 30 days after reporting results. If the client wants the samples, the client’s FEDEX account # (or other similar account #) is required. |
| **Additional Information/Special Instructions/Storage Condition:** |
| **REQUIRED FOR TESTING TO BEGIN****Customer Sign and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **Stira Pharmaceuticals Use Only:** **In House#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Logged in by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Sign and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |