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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |