



Analytical Service request form

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: <input type="checkbox"/> Same as Report <input type="checkbox"/> 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):
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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

SAMPLE (Testing Condition): cGMP R&D
METHOD: Provided Develop Validate Other **Specify:** _____
Controlled Substance YES NO **If Yes: DEA #:** _____ **DEA Schedule:** _____

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: _____
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Note: Additional sheet may be used if required for more samples.