Analytical Service request form

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:	
Quote Number: (Attach copy if appropriate)		PO Number:	

S. No.	Sample Name	Batch/Lot #	Tests to be conducted	Quantity	Specification/Limit

SAMPLE STORAGE CONDITION:

SAMPLE (Testing Condition): ☐ **cGMP** ☐ **R&D**

METHOD: ☐ **Provided** ☐ **Develop** ☐ **Validate** ☐ **Other** **Specify:** _____

CONTROLLED SUBSTANCE: ☐ **Yes** ☐ **No** **If Yes: DEA # :** _____ **DEA Schedule**: _____

HAZARDS: ☐ **Yes** ☐ **No** ☐ **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/Remarks (If Any):

Customer Authorization

Sender Sign and date: _____

Stira Pharmaceuticals Use Only

Received by Sign and Date: _____ **In House#:** _____

Note: Please print information clearly. Provide SDS wherever applicable. Additional sheet may be used if required for more samples.