



Sample Submission Form

Line No.	Sample	Concentration	Lot No.	Exp Date	Quantity	Testing Requested						Special Handling Instr.				FRL Use: Sample #
						Sterility (USP 71)	Sterility (Acc.)	Fungal	Pyrogen	Potency	Other (explain)	Room Temp	4°C	Frozen	Light Sens.	
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

Company Information

Company Name _____

Address _____

City/State/Zip _____

Phone/Fax _____

Email _____

Contact Person _____

Other Testing Instructions

Please enclose a sample submission form with each package submitted to the lab. Thank you!

