

# Sample Submission Form

Company	
Contact Information	
Address	
City, State, Zip Code	
Phone Number	
Email Address	
PO Number	
PO Number	
Date of Submission	
ARL-Eutech Contact Name	
ARL-Eutech Reference Quote Number	

GLP: \*YES  NO

GMP: \*YES  NO

Rush Samples: \*YES  NO

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*\*Extra charges apply.*

## Special Instructions

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sample Submission Form

Is this a commercially-approved human or veterinary drug product?

YES  NO

If YES, please mark the type of sample that the analysis will be performed on:

API	
Excipient	
Component	
In-Process	
Stability	
Sterility	
Finished Product	
Investigation Sample	

Sample Type (ex. Solvent, powder, soil, water)	Client Sample ID/Name	Total # Sample	Analyses Requested	Method Detection Limits Required (units)	Expected Concentration in Sample	Storage (Room Temp, Refrigerate Freezing Temp)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_