

SAMPLE SUBMISSION FORM

2355 Derry Rd East, Unit-26 Mississauga, Ontario Canada, L5S 1V6 Phone: 905-672-8222

Email: info@jplaboratories.com

(Analysis will only commence upon receiving sample/s accompanied with the Sample Submission Form or written instructions containing equivalent information)

Client Information:											
Comp	oany Name					Bill To					
Company Address						Billing Address (if different)					
Contact Person						P.O. Number					
Phone						Quote Number					
E-ma	il					Fax					
Sample Information											
Turn-Around Time (Emergency and Rush analysis requires pre-ap			oval)	Sample Dis (After completion of Disposal charges r	nalysis,	RT	dition n (2-8º	C)	Special Handling Normal Hazardous Light Sensitive		
Speci	al Instructions						Analysis Type			,	
REGULATORY REQUIREMENTS Method Validations/Verifications/Transfers, and any Suitability Tests MUST have been performed for drug products prior to any analysis. Please advise if you require this service.											
Samp	le Name				Qı	uantity	Lo			Lot #	
No:	lo: Test			Method No. & Rev.				Specification & Rev. No.			
1											
2											
3											
4											
5											
6											
7											
8											
Clien	t Authorizatio	on						Date			
Shipment of Samples: JPL accepts samples by mail or courier to 2355 Derry Rd E, Unit-26, Mississauga, Ontario, Canada, L5S1V6				Sample deliveries are accepted through regular business hours (Monday – Friday, 9:00 am to 5:00 pm). For more information, visit www.jplaboratories.com							