



**CHAIN OF CUSTODY
SAMPLE SUBMISSION FORM**
Page ____ of ____

Method of Payment: (P.O./Check #): _____

Credit Card # _____ Exp. Date _____

Circle one: Am Express / MasterCard / Visa

| | | | | | | | | | | | | |
|---|----------------------------|--------------------------|---------------|---|--|--|--------------------|--|--|---|-----------------|--------------------|
| COMPANY: _____ ADDRESS: _____ <input type="checkbox"/> Include Raw Data (\$250 Extra Charge) <input type="checkbox"/> Receive C of A by Mail (Fees May Apply) EMAIL: _____ CONTACT: _____ PHONE: _____ FAX: _____ BILL TO: _____ If different billing address, please indicate _____ | | | | *Analyses Requested | | | | | | *Storage and Handling | | |
| TURN-AROUND TIME Rush Samples Require Prior Approval <input type="checkbox"/> 1 Day Rush** – 200% Surcharge <input type="checkbox"/> 2 Day Rush** – 175% Surcharge <input type="checkbox"/> 3 Day Rush** – 150% Surcharge <input type="checkbox"/> 5 Day Rush** – 100% Surcharge <input type="checkbox"/> 7 Day Rush** – 50% Surcharge <input type="checkbox"/> Standard (per Quote/Proposal) **Add Surcharge to Quoted Price | | | | | | | | | | Special Handling: 1) Normal 2) Hazardous 3) Light Sensitive 4) Other, Specify in Comments Sample Storage Condition: 1) Room Temp 2) Refrig. (-2-8) 3) Freezer (-20) 4) Freezer (-70) 5) Other, Specify in Comments | | |
| Avecia Pharma # (Office Use) | *Sample Description | *Amount Submitted | *Lot # | *Indicate Claim per Test – OR – Indicate “RR” for Report Results | | | | | | *1,2,3,4,5 | *1,2,3,4 | |
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| * Customer Test Method#/ Rev#: | | | | Sampled By: _____ | | | Date: _____ | | Sample Disposal <input type="checkbox"/> Return <input type="checkbox"/> Standard Disposal–30 days <input type="checkbox"/> Retain for _____ weeks | | | |
| General Comments: | | | | Relinquished By: _____ | | | Date: _____ | | | | | |
| | | | | Received By (Avecia Pharma): _____ | | | Date: _____ | | | | | |
| Quote Number: _____ | | | | *Required data. Must be completed for testing to begin. By signing this form, you authorize Avecia Pharma to perform the specified analyses and agree to Avecia Pharma’s terms and conditions. | | | | | | Customer Approval: _____ | | Date: _____ |