

Sections of a Chain of Custody:

CHAIN OF CUSTODY SAMPLE SUBMISSION FORM
Page ___ of ___ R

Method of Payment: (P.O./Check #): _____ S
Credit Card # _____ Exp. Date _____

<p>COMPANY: _____</p> <p>ADDRESS: _____</p> <p>EMAIL: _____</p> <p>CONTACT: _____</p> <p>PHONE: _____</p> <p>BILL TO: _____ <small>If different billing address, please indicate</small></p>	<p>*Analyses Requested</p> <p style="text-align: center; font-size: 2em; border: 1px solid black; padding: 10px;">D</p>	<p>*Storage and Handling</p> <p style="font-size: 0.8em;">1) Normal 2) Hazardous 3) Light Sensitive 4) BSL 1 5) BSL 2 6) See Comments Sample Storage Conditions: 1) Ambient 2) 2-8°C 3) -20°C 4) -70°C 5) -80°C 6) Liquid N₂ 7) See Comments</p>	<p>Special Handling:</p> <p style="font-size: 0.8em;">1) Normal 2) Hazardous 3) Light Sensitive 4) BSL 1 5) BSL 2 6) See Comments</p>			
<p><input type="checkbox"/> Include Raw Data (Refer to Quote for Fee) B</p> <p><input type="checkbox"/> Receive C of A by Mail (\$20 fee applies)</p> <p style="text-align: center;">TURN-AROUND TIME Rush Samples Require Prior Approval C</p> <p><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</p>						
Avecia Pharma # (Office Use)	*Sample Description	*Amount Submitted	*Batch/Lot #	*Mark "x" to follow claim from method/spec or "RR" to report results only.	Indicate the #	Indicate the #
	E	F	G	H	I	
<p>* Customer Test Method# / Rev#: _____ J</p> <p>OHC/BSL Category (if applicable): <input type="checkbox"/> OHC 1 <input type="checkbox"/> OHC 2 <input type="checkbox"/> OHC 3A K <input type="checkbox"/> OHC 3B <input type="checkbox"/> OHC 4 <input type="checkbox"/> BSL 1 <input type="checkbox"/> BSL 2</p> <p>General Comments: _____ L</p>		<p>Sampled By: _____ N Date: _____</p> <p>Relinquished By: _____ Date: _____</p> <p>Received By (Avecia Pharma): _____ O Date: _____</p>		<p>Sample Disposal P</p> <p><input type="checkbox"/> Return <input type="checkbox"/> Standard Disposal¹ <input type="checkbox"/> Retain for _____ weeks</p>		
<p>Quote/Proposal Number: _____ M</p>		<p>Customer Approval: _____ Q</p>		<p>Date: _____</p>		

Chain of Custody: Section A (Contact)

- This is where the contact information should be provided.
- The COA will be sent to the person indicated as the contact on the COC.
- If other people need to be copied on this email, please list them here under Email

COMPANY: _____

ADDRESS: _____

EMAIL: _____

CONTACT: _____

PHONE: _____

BILL TO: _____
If different billing address, please indicate

Chain of Custody: Section B and C

Section B:

- Mark this box if you want a copy of the raw data (note a nominal fee may apply)
- Mark the box if you want COA via mail (note a nominal fee applies)

<input type="checkbox"/>	Include Raw Data (Refer to Quote for Fee)	B
<input type="checkbox"/>	Receive C of A by Mail (\$20 fee applies)	

Section C:

- Mark the appropriate box. Alternatively, specify the need by date in the General Comments section. Note that not all rush options are available for all tests. Please consult your business development contact or your project manager to verify desired Rush time is available.

TURN-AROUND TIME

Rush Samples Require Prior Approval

- 1 Day Rush** – 200% Surcharge
- 2 Day Rush** – 175% Surcharge
- 3 Day Rush** – 150% Surcharge
- 5 Day Rush** – 100% Surcharge
- 7 Day Rush** – 50% Surcharge
- Standard (per Quote/Proposal)

**Add Surcharge to Quoted Price

Chain of Custody: Section D

- This is where to list the tests that you want MAPS to perform.
- Name of the test or the code (PHXXXX or PAXXXX) from the quote can be entered here.

*Analyses Requested				
D				

Chain of Custody: Section E, F and G

- These are the sections where you would put the sample description, the quantity and corresponding lot.
- The sample description here will be what's displayed on the final COA.
- Sample description and Lot should match the container label.

*Sample Description	*Amount Submitted	*Batch/Lot #
E	F	G

Chain of custody: Section H

*Mark "x" to follow claim from method/spec or "RR" to report results only.					
		H			

- This is where you mark what tests are needed for each sample.
- On each row where there's a sample description, mark the box with an "X" corresponding to the test(s) needed (section D). The "X" also

indicates there's a claim/specification limit.

- Otherwise, "RR" can be entered into the box to indicate there is no claim.

Chain of custody: Section I

- This is where you indicate the storage condition for each sample and indicate any special handling like light sensitivity, hazardous
- When “7” or “6” is marked for either the Sample Storage Condition or Special Handling, respectively, additional information needs to be provided in the General Comments section of the COC.

*Storage and Handling	
Sample Storage Condition: 1) Ambient 2) 2-8°C 3) -20°C 4) -70°C 5) -80°C 6) Liquid N ₂ 7) See Comments	Special Handling: 1) Normal 2) Hazardous 3) Light Sensitive 4) BSL 1 5) BSL 2 6) See Comments
Indicate the #	Indicate the #
1	1

Chain of custody: Section J, K, L, M

* Customer Test Method#/ Rev#:	J
OHC/BSL Category (if applicable): <input type="checkbox"/> OHC 1 <input type="checkbox"/> OHC 2 <input type="checkbox"/> OHC 3A <input type="checkbox"/> OHC 3B <input type="checkbox"/> OHC 4 <input type="checkbox"/> BSL 1 <input type="checkbox"/> BSL 2	K
General Comments:	L
Quote/Proposal Number:	M

- Section J: Indicate test method. Example: CA-IM-XXXXXX
- Section K: Indicate the hazard level of the material
- Section L: This can be used for any additional information to let us know. i.e. COA need by date, additional test instructions, material related to the job, shared sample with a different job, additional person who should receive the COA, etc.
- Section M: Indicate the quotation or proposal number.

Chain of custody: Section N, O, P, Q, R

Sampled By: N	Date:	Sample Disposal P <input type="checkbox"/> Return <input type="checkbox"/> Standard Disposal ¹ <input type="checkbox"/> Retain for _____ weeks
Relinquished By:	Date:	
Received By (Avecia Pharma): O	Date:	
<p>*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.</p>		
Customer Approval: Q	Date:	

- Section N: Completed by you or your team members (or mark N/A if not needed)
- Section O: Completed by Nitto Avecia Pharma Services personnel
- Section P: Indicate the disposal of the sample after testing.
- Section Q: Your authorization signature for testing.
Alternatively, your project manager can sign on your behalf if needed.
- Section R: provide date

Chain of custody: Section S

Method of Payment: (P.O./Check #): _____ S
 Credit Card # _____ Exp. Date _____

- Provide PO #.
- Jobs generally will not be released for testing without PO or confirmed funding.
- Please discuss with your Business Development Contact or Project Manager if there are questions on payment or payment terms.

Recommendations

1. Provide advance notification whenever possible to your Business Development Contact or Project Manager
 - A. Number of samples
 - B. Sample shipping date
 - C. Tests requested
2. Ship sample in secure packaging to ensure the sample arrives in good condition (no spills, container is not cracked, etc.)
 - A. For example, a box with grid inserts may be more suitable for glass vials compared to having all the glass vials in one large plastic bag.
3. SDS should be properly attached to the outside of the shipping box. This ensures the individual receiving the package will know what's inside and how to properly handle it.
4. Send a completed chain of custody (COC) with the sample
 - A. If there's any missing information like quote number or PO, it can delay the release of the sample.
 - B. The sample description on the sample container should match the description on the COC.
5. Printed labels on sample container will make it easier to check the information against the COC.

Controlled Substances

- Please provide DEA registration information
- Please provide advance notice needed for Controlled Substance samples
- Tracking number of the shipment **MUST** be provided.
- Please provide the schedule or category (I to V)
 - DEA form 222 is needed for Schedule I and II materials