CHAIN OF CUSTODY SAMPLE SUBMISSION FORM

Page __ of __

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

Credit Card # _____ **Exp. Date:** _____

COMPANY:

ADDRESS:

EMAIL:

CONTACT:

PHONE:

BILL TO:

If different billing address, please indicate

☐Return TempTale
☐Dispose TempTale

☐ Include Raw Data (Refer to Quote for Fee)

☐Receive C of A by Mail ($20 fee applies)

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

Avecia Pharma # (Office Use)	*Sample Description	*Amount Submitted	*Batch/Lot #	*Analyses Requested								*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
				*Mark "x" to follow claim from method/spec or "RR" to report results only.								Indicate the #	Indicate the #
												__	__
												__	__
												__	__
												__	__
												__	__
												__	__
												__	__

*** Customer Test Method#/ Rev#:**

OHC/BSL Category (if applicable): ☐ OHC 1 ☐ OHC 2 ☐ OHC 3A ☐ OHC 3B ☐ OHC 4 ☐ BSL 1 ☐ BSL 2

General Comments:

Quote/Proposal Number:

Sampled By: **Date:**

Relinquished By: **Date:**

Received By (Avecia Pharma): **Date:**

Sample Disposal

☐ Return
☐ Standard Disposal[1]
☐ Retain for weeks

***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:**

[1]Standard Disposal – Samples are stored on site for at least 30 days after results are reported and then disposed of in accordance with internal Standard Operating Procedures (SOPs).