Actlabs Life Sciences

Sample Submission Form

Send samples in attention to: Life Sciences

Sample submission form must be completed in full and received by Actlabs at time of sample log-in.

41 Bittern Street ● Ancaster, ON ● L9G 4V5 ● Tel: (905) 648-9611 x 4226 ● Fax: (905) 648-9613 ● Toll Free: 1-888-ACTLABS ● E-mail: lifesciencescs@actlabs.com

Priority: ○ Standard: 2 weeks (7-10 business days)
○ RUSH (3-5 business days)
○ Super RUSH (1-2 business days)
(Note: *Expedited Rush* service is subject to surcharge and availability. Check with Actlabs.)

Confirmation of Sample Receipt: ○ Yes ○ No

By: E-mail: _____

Office use only: Confirmation of sample receipt: ☐ Yes

Client Info – Ship To:

Company: _____

Attn: _____

Address: _____

_____

_____

Phone :_____ Fax: _____

E-mail: _____

Quote #: _____

Bill To:

Company: _____

Attn: _____

Address: _____

_____

_____

Phone :_____ Fax: _____

E-mail: _____

Method of Payment: For all clients, unless credit has been established, a suitable form of payment must be received before results will be released.

○ Purchase Order # _____

○ Payment is included (make cheque or bank draft payable to Activation Laboratories Ltd.)

○ Charge to NEW Credit Card (details are provided on this form in the box to the right)

○ Charge to Credit Card on file with Actlabs

○ Credit has been established with Activation Laboratories Ltd. (refer to Actlabs' Credit Application Form). Payment will be issued after invoice has been received.

○ Visa ○ MasterCard ○ AMEX

Number: _____

Expiry Date: _____ CVV: _____

Name: _____

Signature: _____

☐ Retain credit card information to charge this work order and all future.

Other Requirements: Please provide MSDS certificate or reference

Cytotoxic Substance: ○ Yes ○ No

Controlled Substance: ○ Yes ○ No

Disposition of samples upon completion: ○ Return ○ Destroy ○ Hold until notified

Quality Requirement:

GMP ○

GLP ○

NON GMP or Investigative ○

Storage Condition:

Room Temperature ○

Refrigerated (2 to 8°C) ○

Freezer (-20°C) ○

Freezer (-75°C to -80°C) ○

Sample Type:

Release ○

Stability ○

API/Drug substance ○

R & D ○

Excipient ○

Other ○

Special Instructions/Comments: ☐ **N/A (please check if there are no special instructions or comments)**

_____

_____

Analyses:

# of samples	Sample Description/ Lot Number (list all)	Country(ies) of Final Product Distribution	Quality Requirement (e.g., ISO, GMP)	Type of Test (e.g., USP Full Testing)	Referenced Method