



Actlabs Life Sciences

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

Life Sciences Sample Submission Form

Send samples to Life Science's attention

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

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.

Report Results To:

Email: _____
 Email: _____

Confirmation of sample receipt will be sent by email

Client Information

Address

Company: _____
 Attn: _____
 Address: _____

 Phone : _____ Fax: _____
 E-mail: _____
 Quote #: _____

Billing Address

Company: _____
 Attn: _____
 Address: _____

 Phone : _____ Fax: _____
 E-mail: _____

Method of Payment

For all clients, unless an account 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 (refer to Credit Card Charge Form)
- 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.

General Sample Information

Please provide SDS certificate or reference

- *QUALITY REQUIREMENT***
- Cytotoxic Substance: GMP GLP Non-GMP ISO Other _____
- Controlled Substance: Yes No
- Disposition of samples upon completion: Return Destroy Hold until notified
- Countries of final product distribution: Canada USA Other _____

Storage Condition

- Room Temperature
- Refrigerated (2 to 8°C)
- Freezer (-20°C)
- Freezer (-75°C to -80°C)

Sample Type

- Release R & D
- Stability Excipient
- API/Drug substance Other _____
- Finished Product

Special Instructions/Comments:

N/A (please check if there are no special instructions or comments)



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Sample Information*/**						Testing Information		
No. Units Sent	Sample Name/Description <small>(Use exact wording to be used on CoA or Report)</small>	Product Code	DIN/NPN/Other <small>(Check)</small>	Lot Number	Expiry Date	Specification <small>(Rev No.)</small>	Test Name/Description	Method <small>(USP, Client etc.)</small>
			<input type="checkbox"/> DIN/ <input type="checkbox"/> NPN/ <input type="checkbox"/> Other _____					
			<input type="checkbox"/> DIN/ <input type="checkbox"/> NPN/ <input type="checkbox"/> Other _____					
			<input type="checkbox"/> DIN/ <input type="checkbox"/> NPN/ <input type="checkbox"/> Other _____					
			<input type="checkbox"/> DIN/ <input type="checkbox"/> NPN/ <input type="checkbox"/> Other _____					
			<input type="checkbox"/> DIN/ <input type="checkbox"/> NPN/ <input type="checkbox"/> Other _____					
			<input type="checkbox"/> DIN/ <input type="checkbox"/> NPN/ <input type="checkbox"/> Other _____					
			<input type="checkbox"/> DIN/ <input type="checkbox"/> NPN/ <input type="checkbox"/> Other _____					
			<input type="checkbox"/> DIN/ <input type="checkbox"/> NPN/ <input type="checkbox"/> Other _____					

Note: Enter N/A (not applicable) where appropriate

*Should correspond with container/package label

**Use Multiple forms as necessary

Ref: QCP Pharma Sample Handling
 Rev. 3.4
 Effective Date: Oct 15, 2024