



# 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](mailto: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 (Use exact wording to be used on CoA or Report)	Product Code	DIN/NPN/Other (Check)	Lot Number	Expiry Date	Specification (Rev No.)	Test Name/ Description	Method (USP, Client etc.)
			<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