



# 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)

## 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: TAT subject to change based on analysis requested.  
*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*

- |  |                                 |                                  |  |                              |                                      |
|--|---------------------------------|----------------------------------|--|------------------------------|--------------------------------------|
| <b>*QUALITY REQUIREMENT*</b>             | <input type="checkbox"/> GMP    | <input type="checkbox"/> GLP     | <input type="checkbox"/> Non-GMP             | <input type="checkbox"/> ISO | <input type="checkbox"/> Other _____ |
| Cytotoxic Substance:                     | <input type="checkbox"/> Yes    | <input type="checkbox"/> No      |  |                              |                                      |
| Controlled Substance:                    | <input type="checkbox"/> Yes    | <input type="checkbox"/> No      |  |                              |                                      |
| Disposition of samples upon completion:  | <input type="checkbox"/> Return | <input type="checkbox"/> Destroy | <input type="checkbox"/> Hold until notified |                              |                                      |
| Countries of final product distribution: | <input type="checkbox"/> Canada | <input type="checkbox"/> USA     | <input type="checkbox"/> Other _____         |                              |                                      |

#### 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
- Finished Product
- R & D
- Excipient
- Other \_\_\_\_\_

### 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<br><small>(Use exact wording to be used on CoA or Report)</small> | Product Code | DIN/NPN/Other<br><small>(Check)</small>  | Lot Number | Expiry Date | Specification<br><small>(Rev No.)</small> | Test Name/Description | Method<br><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 |            |             |   |                       |   |
|                        |   |              | <input type="checkbox"/> DIN/ <input type="checkbox"/> NPN/ <input type="checkbox"/> Other |            |             |   |                       |   |

Enter N/A (not applicable) where appropriate

\*Should correspond with container/package label

\*\*Use multiple forms as necessary

Ref: QCP Pharma Sample Handling

Rev. 3.5

Effective Date: Apr 8, 2025