

Sample Submission Form

Quote Reference Number:
 Purchase Order Number:

FOR ALG USE ONLY
 Invoice No.:
 Login By/Date:
 Report No.:

CUSTOMER CONTACT INFORMATION

Company Name: Contact Name:
 Street Address, City, State ZIP:
 Phone #: Email:

SALES INFORMATION

Turn-around time requested: Standard **Rush**
 Sample Description (i.e., purified water, WFI, product):

	SAMPLE NAME <i>(as will appear in result report)</i>	LOT NUMBER	# OF CONTAINERS	TEST(S) REQUESTED	ACCEPTANCE CRITERIA <i>(or report value)</i>	SAMPLE # <i>(ALG Use Only)</i>
1		<input type="checkbox"/> N/A				
2		<input type="checkbox"/> N/A				
3		<input type="checkbox"/> N/A				
4		<input type="checkbox"/> N/A				
5		<input type="checkbox"/> N/A				
6		<input type="checkbox"/> N/A				

For Sterility USP <71> Only: N/A Batch Size: Volume per Container: Sample Classifications:

Sample Hazards: N/A Not Hazardous Reactive Biohazard Toxic Other:

Sample Storage Requirements:

Room Temp Refrigerator (2-8°) Freezer Ultracold (-70±10°C) Cryogenic (LN2) N/A

Client Special Instructions/Comments: N/A

Sample Submissions and Testing Authorized By*: Date:

**By signing you are authorizing ALG to perform the requested tests and agree to ALG's terms and conditions.*

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Transport Condition: Room Temp Cold Dry Ice Sample Pick-Up: N/A

Sample Pick-Up By/Date/Time: Sample Arrival By/Date/Time:

Sample Integrity: Uncompromised Compromised, explain: Sample Transport Temperature: N/A

Log Tag ID No.: Within Range Out of Range, explain:

Lab Received By/Date: Tested/Incubated By/Date: Sample Retain: Location & By/Date:

Comments:
 N/A

Reviewed By: Date: