



**Actlabs 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.

41 Bittern Street • Ancaster, ON • L9G 4V5 • Tel: (905) 648-9611 x. 222 • Fax: (905) 648-9613 • Toll Free: 1-888-ACTLABS • E-mail: lifesciences@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