



## Sample Submission Form (503A)

Laboratory Work Requested By:

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Email Test Results To: \_\_\_\_\_  
Email for Accounting: \_\_\_\_\_  
Method of Payment: Credit Card (MC, VISA, AMEX)  
# \_\_\_\_\_ EX \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Charge Credit Card      Please Invoice      Check Enclosed

List of Tests Offered (Minimum amount required per test is provided in parenthesis)		
<i>Please use the letter code in the Test Requested section*</i>		<i>Formulation worksheets required before testing can begin</i>
Microbiology	Potency and Specialty Tests	
STE - Sterility Test (Per USP Batch Size - Please Inquire)	POT - Potency Assay (5 ML - If More Than 4 ingredients, More Will Be Required)	PH - pH Test (1 Container)
END - Endotoxin Test (1 Container)	API - API Powder Potency and Identity (0.5 GM, call before sending)	PRT - Particulates-Sub Visible Enumeration Test (25 ML)
FUN - Fungal Test (1 ML)	POS - Potency-Over-Time Study (5 ML/Test - If More Than 4 ingredients, More Will Be Required)	CCI - Container Closure Integrity Test (4 Containers)
SMS - Sterility Method Suitability / Validation Test (3 X USP Batch)	SID - Stability Indicating Assay Method Development (Quote Required)	AOC - Appearance, Odor, and Color (1 Container)
AET - Antimicrobial Effectiveness Test (Please Inquire)	SIA - Stability Indicating Assay Stability Study (Quote Required)	ID - Infrared Identification (5 MG or 0.1 ML) or UV/Vis Identification (5 GM or 5 ML)
WA - Water Activity (5 GM or 5 ML)	UDU - Uniformity of Dosage Units (30 units)	MET - Metals Assay (5 GM or 5 ML)
	WAT - % Water by Karl-Fischer (0.5 GM or 0.5 ML)	SPG - Specific Gravity (6 ML for liquids, 25 ML for creams/semi-solids)
	LOD - % Loss On Drying (1 GM)	SRV - Surface Recovery Validation (Test swabs plus 4 blank swabs)
	VIS - Viscosity (20 ML, call before sending)	CLV - Cleaning Validation (Test swabs plus 4 blank swabs)

**Testing Minimums: Troches (5), Pellets (5), Suppositories (5), Capsules and Tablets (5), Triturates (0.5GM), and Cream, Gels, and Ointments (5GM). Each type of test requires its own container.**

**Rush Charges Per Sample: 2-3 days: \$50 Same Day (24 hr.): \$100 Advanced notice required. Must arrive before 11AM**

	Sample Listing Active(s) / Concentrations	Lot Number(s)	Test(s) Requested (Use Letter Codes)*	Storage (RT, RF, FZ, 40°C)	Batch Size, Stability Testing Time Points, Comments or Instructions	Amount Sent
1						
2						
3						
4						
5						
6						

CIAL has a policy of not charging for the majority of reference standards or specialty items needed to perform various tests. **Periodically, we are requested to test a sample or active which is very expensive and rarely seen. In such cases we will contact the customer and request help to share in the cost.**

Please consult [CompoundersLab.com](http://CompoundersLab.com) for pricing - Click on "Services" then "Pricing List Download" link. Payment can be made when samples are sent. Payment is **due** when reports are released and can be paid via Invoice or Credit Card. If payment is not received in 35 days after reports are released, a **late** charge of **10%** will be added to the total amount.