



Sample Submission Form

Laboratory Work Requested By:

Date: _____
Name: _____
Organization: _____
Address: _____
City: _____ State _____ Zip _____
Phone: _____
Fax: _____

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

Testing Offered (Minimum Amount Required per test)

*Please use the letter code in the Test requested section**

Potency	Sterility	Misc
POT - Potency (3ML)	STE - Sterility (2ML or Per USP Batch Size)	PH - pH (1ML)
POS - Potency Stability (3ML/Test)	END - Endotoxin (1ML)	AET - Antimicrobial Effectiveness (55ML)
SIA - Stability Indicating Assay (See pricing guide)	FUN - Fungal (1ML)	CEI - Container Enclosure Integrity (3 Containers)
PRT - Particulates (1 Container)	SSV - Sterility Suitability Validation (10ML)	AOC - Appearance, Odor, and Color (1 Container)

Testing Minimums: Troches (2), Pellets (5), Suppositories (3), Capsules and Tablets (5), Triturates (500MG), and Cream, Gels, and Ointments (5GM)

	Active(s) / Concentrations	Lot Number	Test(s) Requested (Use Letter Code)* Pool []	Storage (RT, RF, FZ, 40°C)	Batch size, Testing Time points and/or comments or instructions
1					
2					
3					
4					
5					

Package prices available for combinations of tests please consult the web site - compounderlab.com and click on the "Pricing" 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.