



## 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
<b>POT</b> - Potency (3ML)	<b>STE</b> - Sterility (2ML or Per USP Batch Size)	<b>PH</b> - pH (1ML)
<b>POS</b> - Potency Stability (3ML/Test)	<b>END</b> - Endotoxin (1ML)	<b>AET</b> - Antimicrobial Effectiveness (55ML)
<b>SIA</b> - Stability Indicating Assay (See pricing guide)	<b>FUN</b> - Fungal (1ML)	<b>CEI</b> - Container Enclosure Integrity (3 Containers)
<b>PRT</b> - Particulates (1 Container)	<b>SSV</b> - Sterility Suitability Validation (10ML)	<b>AOC</b> - 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 <i>(Use Letter Code)*</i> Pool [ ]	Storage <i>(RT, RF, FZ, 40°C)</i>	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](http://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.