



**COMPOUNDER'S INTERNATIONAL  
ANALYTICAL LABORATORY**  
(A DIVISION OF CHROMATOGRAPHY INSTITUTE OF AMERICA)  
*Better Quality Through Quality Testing*

## Sample Submission Form (503b)

**CIAL, 680 Atchison Way, Suite 100, Castle Rock, CO 80109**  
800-788-9922 Toll Free  
Phone: 303-471-8015 Fax: 303-569-6101  
[cial@hplcinstitute.com](mailto:cial@hplcinstitute.com) [www.CompoundersLab.com](http://www.CompoundersLab.com)

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

<b>List of Tests Offered</b> (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>
Sterility	Potency and Miscellaneous Testing	
<b>STE</b> - Sterility Test (Per USP Batch Size - Please Inquire)	<b>POT</b> - Potency Assay (3 ML - If More Than 4 ingredients, More Will Be Required)	<b>PH</b> - pH Test (1 ML)
<b>END</b> - Endotoxin Test (1 Container)	<b>POS</b> - Potency-Over-Time Stability Study (3 ML/Test - If More Than 4 ingredients, More Will Be Required ) Please indicate test frequency and total time of study	<b>PRT</b> - Particulates-Sub Visible Enumeration Test (1 Container)
<b>FUN</b> - Fungal Test (1 ML)	<b>SID</b> - Stability Indicating Assay Method Development (Quote Required)	<b>CCI</b> - Container Closure Integrity Test (4 Containers)
<b>SMS</b> - Sterility Method Suitability / Validation Test (3 X USP Batch)	<b>SIA</b> - Stability Indicating Assay Stability Study (Quote Required)	<b>AOC</b> - Appearance, Odor, and Color (1 Container)
<b>AET</b> - Antimicrobial Effectiveness Test (Please Inquire)	<b>WAT</b> - % Water by Karl-Fischer (0.5 GM or 0.5 ML)	<b>ID</b> - Infrared Identification (5 MG or 0.1 ML) or UV/Vis Identification (5 GM or 5 ML)
	<b>LOD</b> - % Loss On Drying (0.5 GM)	<b>MET</b> - Metals Assay (5 GM or 5 ML)
Testing Minimums: Troches (2), Pellets (5), Suppositories (3), Capsules and Tablets (5), Triturates (0.5GM), and Cream, Gels, and Ointments (5GM)		

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

Please consult the web site for pricing at - [CompoundersLab.com](http://CompoundersLab.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.