



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

Sample Submission Form (503B)

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 Phone: 303-471-8015 Fax: 303-569-6101
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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 <small>(Minimum amount required per test is provided in parenthesis)</small> | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <i>Please use the letter code in the Test Requested section*</i> | | <i>Formulation worksheets required before testing can begin</i> |
| Sterility | Potency and Specialty Tests | |
| STE - Sterility Test (Per USP Batch Size - Please Inquire) | POT - Potency Assay (3 ML - If More Than 4 ingredients, More Will Be Required) | PH - pH Test (1 ML) |
| END - Endotoxin Test (1 Container) | API - API Powder Potency and Identity | PRT - Particulates-Sub Visible Enumeration Test (1 Container) |
| FUN - Fungal Test (1 ML) | POS - Potency-Over-Time Stability Study (3 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) |
| | 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 (For amount, call before sending) | CLV - Cleaning Validation (Test swabs plus 4 blank swabs) |
| Testing Minimums: Troches (2), Pellets (5), Suppositories (3), Capsules and Tablets (5), Triturates (0.5GM), and Cream, Gels, and Ointments (5GM) | | |
| 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 <i>(Use Letter Codes)*</i> | Storage <i>(RT, RF, FZ, 40°C)</i> | Batch Size, Stability Testing Time Points, Comments or Instructions |
|---|----------------------------------------------|---------------|-------------------------------------------------|--------------------------------------|------------------------------------------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Please consult the web site for pricing at - CompoundersLab.com and click on "Services" then "Pricing List Download" link.. 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.

