



Rush Request Form

Please use only one lot per form.

N/A any section intentionally left blank.

Rush Request Form must be submitted 24-hours in advance.

Company Name & Address: _____

Sample Lot Number: _____

Active(s) & Concentration(s): _____

Test(s) Being Requested for Rush services [see CIAL [Price List](#) for Test Code(s)]: _____

Quote # (if applicable): _____

Anticipated Arrival Date: _____

Rush Request Time Frame:

24-hour (+75% Test Cost) 2-3 Days (+45% Test Cost)

CUSTOMER APPROVAL

Requested by (must be completed prior to submission):

Personnel Name: _____

Personnel Title: _____

Personnel Signature: _____

Date: _____



Sample Lot Number: _____

CIAL USE ONLY

Rush Acceptance:

Accepted Denied

Reason for Denial: _____

Date request received by CIAL: _____

Date request confirmed by CIAL: _____

CIAL staff initials: _____

CIAL USE ONLY

Sample Receipt:

Date sample received by CIAL: _____

CIAL Tracking Number: _____

CIAL staff initials: _____

Instructions:

- *Please use only one lot per form.*
- *“N/A” any section intentionally left blank.*
- *Please provide completed CIAL Sample Submission Form with Rush Request Form.*
 - *Only testing needing to be rushed is to be placed on Rush Request Form.*
- *Rush Request Form must be sent to CIAL 24-hours before sample is to be received to be considered a valid request.*
- *If form is incomplete, CIAL will request revision(s).*
 - *The request will not be considered valid until the requested revision(s) are completed and accepted by CIAL.*
- *Please email Rush Request Form to rush@compounderslab.com*
- *Once “Rush Acceptance” has been acknowledged, please send the below items to CIAL.*
 - *CIAL Sample Submission Form*
 - *Accepted Rush Request Form*
 - *Formulation Sheet/Manufacturer’s Certificate of Analysis*
 - *Physical Sample*
- *Rush samples must arrive at CIAL before 11:00 AM (MST).*
 - *If the rush sample is received by CIAL after 11:00 AM (MST), the requested rush time frame will begin the following business day.*