

SAMPLE SUBMISSION FORM

Submission Date: _____

Instructions:

The purpose of the sample transmittal form is to capture an adequate description of the sample and the sample container (closure system) as well as any special sample handling and storage requirements and any/all test specifications.

The sender is to print out and use as many forms as needed and enclose the submittal form(s) with the samples being sent.

Contact Information

Contact Name and Title: _____

Company: _____

Address: _____

Phone: _____ Ext. _____

Fax: _____

Email: _____

Describe the Sample: Sample name (or composition), amount, potency, and form (tablet, capsule, solution, bulk)	Lot number & Manufacturer	Describe the Container and Closure System & include materials of construction (if applicable)	Sample Handling and Storage Conditions to use at Pharmalytica Services	Test(s) (analysis) to be performed	GMP Test Specifications to apply to the test result (if "none" enter "NA"): See Note below.	<i>For use by Pharmalytica Only:</i> Sample Lab ID Number

NOTE: The meaning of test specification is this: If the sample fails to meet the test specification during testing at Pharmalytica, Pharmalytica will be required under the GMPs to conduct an out-of-specification (OOS) investigation. This investigation is performed at the client's expense if the investigation confirms the OOS result(s).

PS Approvals:

 Pharmalytica Services Sample Coordinator (Sign and Date)

 Pharmalytica Services Quality Assurance (Sign and Date)

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