Pharmalytica Services
POWERFUL SOLUTIONS

SAMPLE TRANSMITAL FORM

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**	**Test (analysis) to be performed**	**Test Specifications (if "none" enter "NA")**	*For use by Pharmalytica Only:* **Sample ID**

COMMENTS:

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PS Approvals:

_____ _____
Pharmalytica Services Sample Coordinator (Sign and Date) Pharmalytica Services Quality Assurance (Sign and Date)

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