



# Consumer Product Testing Co., Inc.

Corporate / Sales Ph: 973-808-7111  
 Client Services Ph: 973-808-7111 press 7

Client Services Fax: 973-253-4059  
 e: [clientservices@cptclabs.com](mailto:clientservices@cptclabs.com)

## SAMPLE SUBMISSION FORM - ANALYTICAL, MICROBIOLOGY, STABILITY, SAFETY/IN-VITRO

<b>Submission Date:</b>		<b>Type of Testing:</b> Analytical    Microbiology    Stability    Safety/In-Vitro Toxicology			
<b>Send Report To:</b>		<b>Phone #:</b>		<b>Fax:</b>	
<b>Company:</b>		<b>Email Address:</b>			
<b>Address 1</b>		<b>Purchase Order #:</b>			
<b>Address 2</b>		<b>CPTC Quote #</b> (attach copy to expedite):			
<b>City:</b>	<b>State:</b>	<b>Bill To Contact</b>		<b>REQUIRED INFORMATION:</b> <i>This form or other paperwork should include: Client Contact information • Regulatory Status • Tests requested • Test method references, if applicable ("USP," client's method number, etc.) • Specifications, if applicable • Sample name, lot number and other ID info as you would like it to appear on your final report.</i>  <b>Contact your salesperson or Client Services if you need assistance.</b>	
<b>Zip:</b>	<b>Country:</b>	<b>Bill To Address</b>			
<b>CPTC Contact:</b>		(if different)			
<b>Regulatory Status</b> (Check one):    GMP    GLP (add'l fees will apply)    Non-Regulated/Research    Other: _____					

	<b>Sample Description</b> <i>(include sample name, other sample ID info)</i>	<b>Quantity &amp; Size</b>	<b>Analyses Requested</b> <i>(include test method reference)</i>	<b>Specification</b> <i>(required for Analytical samples)</i>
1	<b>Lot Number:</b> _____			Spec: _____ Per monograph Attached    Report results Previously sent
2	<b>Lot Number:</b> _____			Spec: _____ Per monograph Attached    Report results Previously sent
3	<b>Lot Number:</b> _____			Spec: _____ Per monograph Attached    Report results Previously sent

<b>Special Instructions</b> <i>(information on special reporting requirements, additional client contacts, etc.):</i>		<b>Controlled Substances</b> <i>(Add'l fees apply. Do not send CS samples without lab confirmation.)</i>	<b>Disposition of Samples:</b> (Samples discarded after 60 days unless otherwise indicated) Discard after testing Return samples Shipper #: _____ <i>(or \$20 min. shipping charge)</i>
<b>Analytical Study Turnaround Time:</b> <i>NORMAL turnaround is 15 working days. (Prior approval required for faster turnaround and based on lab workload when submitted)</i> PRIORITY (10 working days) - 25% Surcharge RUSH (5 working days) - 50% Surcharge STAT (Immediate attention) - 100% Surcharge		<b>For Litigation</b> <i>(add'l fees will apply)</i> <b>For FDA/EPA submission</b>	<b>Sample Storage</b> <i>(ambient is the default):</i> Ambient    Freezer (-10 to -25° C) Refrigerator (2 – 8° C)    Freezer (-70° C) Light Protected    Other:
<b>Client Signature:</b>	<b>Date:</b>		<b>CPTC Rec'd By:</b> _____ <b>Date:</b> _____