

Section 1:

REPORT ADDRESSED AND MAILED TO:

Company Name: _____

Company Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

PH: _____ FAX: _____

Email Address: _____

BILLING INFORMATION:

Purchase Order No.: _____

Quotation No.: _____

Billing Address (if different): _____

City: _____ State: _____ ZIP: _____

Billing Comments: _____

Section 2:

TEST ARTICLE IDENTIFICATION (*Exact wording will be in final report*):

TEST ARTICLE NAME: _____

LOT/BATCH No.: _____

Amount Submitted: _____

Date Product Sterilized: _____

Number of Cycles: _____

STORAGE CONDITION:

Room Temp. 4°C±2°C -20°C±4°C -80°C±10°C

Other Temp: _____

DISPOSITION of TEST/CONTROL ARTICLE:

Discard Return unused Return used & unused

If samples to be returned, please provide shipping account info.:			
UPS	FedEx	Other: _____	Acct.# _____

Note: Unless specified on the test request form, if Sponsor does not provide shipping account number, then Sponsor will incur a minimum of \$125 per shipment of returned test article.

STUDY DIRECTOR: _____	DATE: _____
TOXIKON PROJECT NUMBER: _____	LOGIN INITIALS _____
	LOGIN DATE: _____

Section 3:

TEST REQUEST & SPECIFICATIONS:

Test Method	Day Product Should be Extracted On:	Sample Extraction		Number of Units per Test
Exhaustive Recovery Simulated Use	_____	Extract Entire Device Extract Fluid Path	Other: _____	_____
Exhaustive Recovery Simulated Use	_____	Extract Entire Device Extract Fluid Path	Other: _____	_____
Exhaustive Recovery Simulated Use	_____	Extract Entire Device Extract Fluid Path	Other: _____	_____
Exhaustive Recovery Simulated Use	_____	Extract Entire Device Extract Fluid Path	Other: _____	_____
Exhaustive Recovery Simulated Use	_____	Extract Entire Device Extract Fluid Path	Other: _____	_____
Exhaustive Recovery Simulated Use	_____	Extract Entire Device Extract Fluid Path	Other: _____	_____
Exhaustive Recovery Simulated Use	_____	Extract Entire Device Extract Fluid Path	Other: _____	_____

SPECIAL INSTRUCTIONS:

Section 4:

SPONSOR ACCEPTANCE SIGNATURE: _____ **DATE:** _____

STUDY DIRECTOR: _____	DATE: _____
TOXIKON PROJECT NUMBER: _____	LOGIN INITIALS _____
	LOGIN DATE: _____