

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.: _____

Total Quantity Submitted: _____

Sample Submitted is: Sterile Not Sterilized

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, 1) all samples will be stored at room temperature, 2) all samples will be disposed of without prior notice to Sponsor, and 3) 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: _____

