



Sample Submission Form

MQA Use Only

Invoice No:	
Login by/Date:	
Storage Condition:	
Report Number:	

CUSTOMER CONTACT INFORMATION		Quote Reference Number	
		Purchase Order	
Company Name		Department	
Street Address		Contact Person/Title	
City		Phone/Ext.	
State, Zip code		Email	

**SAMPLE(S) INFORMATION**

Line	Sample Name (As will appear in result report)	# of sample containers	Sample Lot Number	Description (Weight, volume)	Test(s) Requested	Acceptance criteria or for Report Value	MQA Sample ID Number (MQA Use Only)
1			<input type="checkbox"/> N/A				
2			<input type="checkbox"/> N/A				
3			<input type="checkbox"/> N/A				
4			<input type="checkbox"/> N/A				
5			<input type="checkbox"/> N/A				

**ADDITIONAL INFORMATION** Turn Around Time:  Standard  RUSH

<b>Method(s)</b>	<input type="checkbox"/> USP/NF	<input type="checkbox"/> EU Pharm	<input type="checkbox"/> MQA Method	<input type="checkbox"/> Customer Specific	<input type="checkbox"/> other (specify in comments)
Sample Storage	<input type="checkbox"/> Room Temp.	<input type="checkbox"/> Refrigerator (2-8°C)	<input type="checkbox"/> Freezer (-20°C ±10°C)	<input type="checkbox"/> Ultracold Freezer (-70°C±10°C)	<input type="checkbox"/> Cryogenic (L. N2)
Sample Hazards	<input type="checkbox"/> MSDS Provided	<input type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Controlled Substance	<input type="checkbox"/> Others (Specify in comment section)
Special Instructions/ Comments					

Sample Submission and Testing Authorized by\*:

Date:

\*By signing, you authorized MQA to perform the requested tests and agreed to MQA's terms and conditions.

Temperature Condition	Sample Pick-up Temperature	Sample Pick-up Date/Time/By	Sample Arrival Temperature	Sample Arrival Date/Time/By	Comments	Reviewed By/Date
<input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Dry Ice <input type="checkbox"/> Liquid Nitrogen	<input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Other: _____	<input type="checkbox"/> NA	<input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Other: _____		<input type="checkbox"/> NA	
Received by/ date: <input type="checkbox"/> NA (EM) _____			Tested by/ date: <input type="checkbox"/> NA (EM) _____		Sample Retain location: _____ By date: _____	