



Sample Submission Form

(MQA Use Only)

Invoice No:

Login by/Date:

Report Number:

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

SAMPLE(S) INFORMATION

Sample Name (As will appear in result report)	Sample Lot Number	Number of Containers	Test(s) Requested	Sample Acceptance Criteria (or Report Value)	MQA Sample # (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				
6	<input type="checkbox"/> N/A				
7	<input type="checkbox"/> N/A				
8	<input type="checkbox"/> N/A				

ADDITIONAL INFORMATION

Turn Around Time	<input type="checkbox"/> Standard	<input type="checkbox"/> RUSH			
Sample Hazards	<input type="checkbox"/> Not Hazardous	<input type="checkbox"/> Reactive	<input type="checkbox"/> Biohazard	<input type="checkbox"/> Toxic	<input type="checkbox"/> Other _____
Sample Storage Requirements	<input type="checkbox"/> Room Temperature	<input type="checkbox"/> Refrigerator (2-8°C)	<input type="checkbox"/> Freezer (-20±10°C)	<input type="checkbox"/> Ultracold (-70±10°C)	<input type="checkbox"/> Cryogenic (LN2)
Special Instructions/ Comments:	<input type="checkbox"/> NA				
Sample Submission and Testing Authorized by*:				Date:	

*By signing, you are authorizing MQA to perform the requested tests and agree to MQA's terms and conditions.

Sample Storage	<input type="checkbox"/> Room Temp.	<input type="checkbox"/> Refrigerator (2-8°C)	<input type="checkbox"/> Freezer (-20±10°C)	<input type="checkbox"/> Ultracold Freezer (-70±10°C)	<input type="checkbox"/> Cryogenic (LN2)
	Rm. #/EQ ID: _____				

Sample Pick-up Temperature	Sample Pick-up Date/Time/By	Sample Arrival Temperature	Sample Arrival Date/Time/By	Sample Integrity	Laboratory Received By/ Date: (EM <input type="checkbox"/> N/A)	Sample Retain
<input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Other: _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Room Temp <input type="checkbox"/> Cold <input type="checkbox"/> Other: _____		<input type="checkbox"/> Uncompromised <input type="checkbox"/> Compromised	Tested/Incubated By/ Date: (EM <input type="checkbox"/> N/A)	Location: _____ By date: _____
Comments: <input type="checkbox"/> NA						
Reviewed By/Date:						