**AMRI Point of Contact (Name):**  Click here to enter text.

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| **PO Number:** Click here to enter text. | | | | | | | | | | **Sample Sent by:** Click here to enter text. | | | | | | | | | | | | | | |
| **Sample Disposition** | | | | | | | | | | | | | | **Storage Conditions** | | | | | | | | | | |
|  | **Discard Samples** | | | | | | | | | | | | |  | | **Room Temperature** | | | | | | | | |
|  | **Return Samples (extra charge)\*** | | | | | | | | | | | | |  | | **Refrigerated (2 ­ 8 °C)** | | | | | | | | |
|  | **Return Shipping Container Included\*** | | | | | | | | | | | | |  | | **Freezer (-10 - -20 °C)** | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | **Freezer (-15 - -25 °C)** | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | **Freezer (-70 °C)** | | | | | | | | |
|  | ***\*Provide UPS/FedEx Account:*** Click here to enter text.  ***\*Provide Contact for Return:*** Click here to enter text. | | | | | | | | | | | | | ***Additional Stability Information:***  Click here to enter text. | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Requested Turnaround Time\*** | | | | | |  | | **Standard** | | | | |  | | | **Rush (will incur additional charge)** | | | | | | | | |
| ***\*Rush turnaround time must be approved by AMRI point of contact.*** | | | | | |  | |  | | | |  | | |  | | |  | |  | | | | |
| **Controlled Substance?** | | | | | |  | | **Yes** | | | |  | | | **No** | | | **Schedule:** | | Click here to enter text. | | | | |
|  | | | | | |  | |  | | | |  | | |  | | |  | |  | | | | |
| **Hazardous Substance?** | | | | | |  | | **Yes** | | | |  | | | **No** | | | **Type:** | | Click here to enter text. | | | | |
|  | | | | | |  | |  | | | |  | | |  | | |  | |  | | | | |
| **Stability Samples?** | | | | | |  | | **Yes\*** | | | |  | | | **No** | | **\*if yes, list study number and pull date:** | | | | | | Click here to enter text. | |
|  | | | | | |  | |  | | | |  | | |  | | |  | |  | | | | |
| **Phase of Development:** | | | |  | **Research** | | | |  | | **Early Phase/Clinical** | | | | | | | |  | | | **Late Phase/Commercial** | | |
| **Sample Information** | | | | | | | | |  | |  | | | | | | | |  | |  | | | |
| **Quantity** | | **Sample Name** | | | | | **Lot Number** | | | | | | | **Testing Requested** | | | | | | | **Method** | | | **Specification** |
| Click here to enter text. | | Click here to enter text. | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | Click here to enter text. |
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| **Comments/Special Instruction** | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR INTERNAL USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sample ID Number:** | | |  | | | | ***Package Inspection (Circle answer for each detail)***  **Damage: YES or NO**  **Temperature upon receipt: RT ice pack dry ice**  **Temptale: YES or NO** | | | | | | | | | | | | | | | | | |
| **Date and Time Received:** | | |  | | | | **Testing Authorized by:** | | | | | | | | | | | | | | | | | |