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

|  |  |
| --- | --- |
| **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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| 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. |
| **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:**  |