



# Sample Submission Form

**Product Testing, Development, Validation, Qualification**

Complete a form for each set of samples and include with sample shipment to:

**EZ Labs, LLC**

**6042 Cornerstone Ct W, Suites A and B, San Diego, CA 92121**

Customer Contact (Company Requesting Testing):		
Customer Contact Information:	Name:	
	Email:	
	Phone Number:	
Study (Quote / Proposal / Project reference):		
EZ Labs Contact Name ( <i>with knowledge of Samples/Project</i> ):		

### Sample Information

Sample Name	Lot/Batch #	Qty Submitted	Testing Requested	Comments

Additional comments, instructions, description, etc.:				
Sample Storage:	<input type="checkbox"/> Ambient <input type="checkbox"/> Refrigerate <input type="checkbox"/> Freeze <input type="checkbox"/> Protect from Light <input type="checkbox"/> Other:			
Safety Information:	<input type="checkbox"/> SDS Available <input type="checkbox"/> SDS in Shipment <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous <input type="checkbox"/> Bio-Hazardous			
Special Handling Required:	<input type="checkbox"/> None <input type="checkbox"/> Light Sensitive <input type="checkbox"/> Moisture Sensitive <input type="checkbox"/> Nitrogen Overlay <input type="checkbox"/> Other:			
Sample Disposition <i>upon test completion and 30-day hold</i> :	<input type="checkbox"/> Discard/Destroy <input type="checkbox"/> Retain (additional charges may apply) <input type="checkbox"/> Return (Shipping Account # – <i>optional</i> ):			

### Receipt For EZ Labs Only

Received By:		Date:	
Samples Acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For GMP testing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason samples not acceptable (if applicable):	<input type="checkbox"/> Temp OOS <input type="checkbox"/> Leaking/Damaged <input type="checkbox"/> Information missing Additional details:		
Date client notified (if applicable):			
Disposition of unacceptable samples (if applicable):			