



Sample Submission Form

**(MQA Use Only)**

Invoice No.:	
Login by/date:	
Report No.:	

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

**SAMPLE(S) INFORMATION** Turn Around Time Requested:  Standard  **RUSH**

Sample Description: (i.e. purified water, WFI, product) \_\_\_\_\_

Sample Name (As will appear in result report)	Sample Lot Number	Number of Containers	Test(s) Requested	Acceptance Criteria (or Report Value)	MQA Sample # (MQA Use Only)
1					
2					
3					
4					
5					
6					

**For Sterility Only:**  N/A **Batch Size** \_\_\_\_\_ **Volume Per Container** \_\_\_\_\_ **Sample Classification** \_\_\_\_\_

Sample Hazards  Not Hazardous  Reactive  Biohazard  Toxic  Other \_\_\_\_\_

Sample Storage Requirements Room Temp Refrigerator (2-8°C) Freezer (-20±10°C) Ultracold (-70±10°C) Cryogenic (LN2)  N/A

Special Instructions/ Comments:  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.*

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<b>Sample Pick-Up</b> Transport Condition: _____ By/Date/Time: _____	<b>Sample Arrival</b> Transport Condition: _____ By/Date/Time: _____	<b>Sample Integrity</b> <input type="checkbox"/> Uncompromised <input type="checkbox"/> Compromised
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<b>Sample Temperature</b> Log Tag ID No.: _____ <input type="checkbox"/> Within Range <input type="checkbox"/> Out of Range	For samples Out of Range <input type="checkbox"/> NA Explain: _____
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<b>Lab Received</b> By/date: _____	<b>Tested/Incubated</b> By/date: _____	<b>Sample Retain Location:</b> _____ By/date: _____
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Comments:  NA

Reviewed By/Date: \_\_\_\_\_