



**Standard Operating Procedure Form**  
**SAMPLE RECEIPT, HANDLING, IDENTIFICATION AND TRACEABILITY**  
**SAMPLE SUBMISSION FORM**

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Please complete all fields (manually or online):

<b>Reporting Address:</b> Contact: _____ Company: _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____	<b>Billing Information:</b> <b>PO Number:</b> _____ Quote Number: _____ (Attach copy)
<b>Billing Address</b> ( <input type="checkbox"/> same as report address) Contact: _____ Company: _____ Address: _____ _____ Phone: _____ Fax: _____	<b>Special Handling Instructions:</b> Special Handling: _____ Storage Conditions: _____ Samples will be retained for at least 30 days after report date unless otherwise instructed by client.
<b>Sample Information:</b> Controlled Substance: <input type="checkbox"/> YES <input type="checkbox"/> NO Hazardous Substance: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, include MSDS) Method has been validated: <input type="checkbox"/> YES <input type="checkbox"/> NO Method Transfer performed at Experchem: <input type="checkbox"/> YES <input type="checkbox"/> NO Sample Type: <input type="checkbox"/> Release <input type="checkbox"/> Stability <input type="checkbox"/> Development <input type="checkbox"/> R&D	

**Turnaround Time:**     Standard     5 day(1.5X Surcharge)\*     Rush 24-72HRs(2X surcharge)\*

**\*RUSH REQUESTS ARE SUBJECT TO AVAILABILITY AND PRIOR APPROVAL**

**Sample Information: All Fields must be completed to eliminate sample booking delays**

Qty.	Sample Name	Lot #	Test	Method	Specification

**Other Notes/Instructions:**

Method validation, Method transfer and Suitability Test (Microbiology) must be performed prior to any testing to ensure site qualification. This is a regulatory requirement.

**Test Authorized by (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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