

## Analytical Services Sample Submission Form

Please complete this form and include it with your samples. Please use a separate form for each compound.

Shipping Date: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

Other Billing Info: \_\_\_\_\_

Number of Samples: \_\_\_\_\_

Name of Compound: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Compound Structure: \_\_\_\_\_

### Storage conditions

- Ambient
- Refrigerator
- Freezer
- Protection from light

### Classification

- Normal
- High Potency Compound
- Controlled Substance (DEA Schedules II, III, IV)
- GMP    Non-GMP    GLP    Non-GLP

Other safety/handling instructions: \_\_\_\_\_

Analysis

Sample Name	Lot number	Test Required	Comments/Special requirements

### Conditions:

Standard analysis conditions will be used unless otherwise specified. Please state any specific instrumental parameters or experimental methods to be used.

**Shipping:** Please send your samples, and Sample Submission Form(s) with a PO number to the following address. Please include copies of the MSDS for main ingredients of your samples.

**Sipka Labs**  
7-Deer Park Drive, Suite M-4  
Monmouth junction, NJ 08852

**Phone: 732-274-9006**  
**Fax: 732-274-9007**  
**Email: info@sipkalabs.com**

*For internal use only:*

Date and time samples received at Sipka Labs: \_\_\_\_\_

Received by: \_\_\_\_\_