

**WHITEHOUSE ANALYTICAL
LABORATORIES, LLC**

SAMPLE SUBMISSION FORM

<p><u>SEND REPORT TO:</u></p> <p>Company:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Contact Name:</p> <p>Phone# (Ext.):</p> <p>Fax#:</p> <p>E-mail:</p>	<p><u>SEND INVOICE TO:</u></p> <p><input type="checkbox"/> Same as Report <input type="checkbox"/> Acct. Payable Address Indicated</p> <p>Accounts Payable Address:</p> <p><u>Purchase Order Number (required):</u></p> <p>Quote Number (if applicable):</p> <p>Quality Agreement: Whitehouse Client</p>
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STABILITY, MEDICAL DEVICE & UNIT DOSE

<p align="center">USP / NF</p> <p><input type="checkbox"/> USP <671> Unit Dose Method I</p> <p><input type="checkbox"/> USP <671> Unit Dose Method II</p> <p><input type="checkbox"/> USP <905> Uniformity of Dosage/ Volume Verification</p> <p><input type="checkbox"/> Client Protocol#: _____</p> <p><input type="checkbox"/> Whitehouse Protocol#: _____</p>	<p align="center">INSTRON</p> <p><input type="checkbox"/> Breakloose and Glideability</p> <p><input type="checkbox"/> Strength Test</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Other:</p> <p align="center">CHARACTERISTIC TESTING</p> <p><input type="checkbox"/> Visual</p> <p><input type="checkbox"/> Functional</p> <p><input type="checkbox"/> Dimensional</p> <p><input type="checkbox"/> Identification</p>	<p align="center">STORAGE / STABILITY</p> <p><input type="checkbox"/> 2°C</p> <p><input type="checkbox"/> 25°C/ 60% RH</p> <p><input type="checkbox"/> 23°C/ 75% RH</p> <p><input type="checkbox"/> 30°C/ 65% RH</p> <p><input type="checkbox"/> 40°C/ 75% RH</p> <p><input type="checkbox"/> Other:</p> <hr/> <p align="center">SPECIAL PROJECT / OTHER (<i>Describe</i>):</p>
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Sample Description & Identification: (*Lot Number / Serial Number / Part Number / Inventory Number*)

Sample Submitted for: Initial Testing Retesting **Is This Testing for a Drug Filing?** Yes No

Do you request that WAL initiate an OOS Investigation if out of specification results occur? Yes No

Sample Disposition: Dispose of Sample Hold Sample for ___ Days Return Sample Upon Test Completion

NOTE: Whitehouse Laboratories will retain sample(s) in the laboratory for 30 days post report issue date then dispose of sample(s) unless other arrangements are requested. If you require samples to be returned to you at the completion of testing, please include your preferred carrier and account number. **CARRIER:** _____ **ACCOUNT #** _____

Approval of Person Submitting Samples for Testing:

Name:

Title:

Signature / Date:

Sample Shipment Address: Whitehouse Analytical Laboratories 291 Route 22 East Salem Industrial Park Whitehouse, NJ 08888;
Phone: 908.823.9300

Final report to be FAXED to client contact upon QA/QC approval of test results. Original hard copy of final report to be mailed.