

**WHITEHOUSE ANALYTICAL  
LABORATORIES, LLC**

**SAMPLE SUBMISSION FORM**

<p><b><u>SEND REPORT TO:</u></b></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><b><u>SEND INVOICE TO:</u></b></p> <p><input type="checkbox"/> Same as Report      <input type="checkbox"/> Acct. Payable Address Indicated</p> <p>Accounts Payable Address:</p> <p><b><u>Purchase Order Number (required):</u></b></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"><b>USP / NF</b></p> <p><input type="checkbox"/> USP &lt;671&gt; Unit Dose Method I</p> <p><input type="checkbox"/> USP &lt;671&gt; Unit Dose Method II</p> <p><input type="checkbox"/> USP &lt;905&gt; Uniformity of Dosage/ Volume Verification</p> <p><input type="checkbox"/> Client Protocol#: _____</p> <p><input type="checkbox"/> Whitehouse Protocol#: _____</p>	<p align="center"><b>INSTRON</b></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"><b>CHARACTERISTIC TESTING</b></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"><b>STORAGE / STABILITY</b></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"><b>SPECIAL PROJECT / OTHER (<i>Describe</i>):</b></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.*