

<p align="center"><b>Report To:</b></p> <p>Company: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact Name: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p align="center"><b>Invoice To:</b></p> <p><input type="checkbox"/> Same as Report    <input type="checkbox"/> Acct. Payable Address Indicated</p> <p>Accounts Payable Address: _____</p> <p>_____</p> <p>PO Number (required): _____</p> <p align="center"><b>Misc:</b></p> <p>Is This Testing for a Drug Filing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, schedule: _____</p> <p>Biosafety or Toxicity Concern? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, class: _____</p>
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**CONTAINER TEST SELECTION**

Check Here to Perform Testing Per Quote:  Quote Reference Number: \_\_\_\_\_  
(If performing per quote, please leave the following section blank. Valid quote must be referenced above.)

<p align="center"><b>USP &lt;661.1&gt;</b></p> <p align="center"><u>(Define Material of Composition)</u></p> <p><input type="checkbox"/> HDPE   <input type="checkbox"/> LDPE   <input type="checkbox"/> PP   <input type="checkbox"/> PVC</p> <p><input type="checkbox"/> Cyclic Olefin   <input type="checkbox"/> PET   <input type="checkbox"/> PETG</p> <p><input type="checkbox"/> Other (Define): _____</p> <p align="center"><u>(Define Intended Dosage Form)</u></p> <p><input type="checkbox"/> Oral / Topical   <input type="checkbox"/> Any Other</p> <p align="center"><u>(Define Testing)</u></p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> FTIR (MIR) Only</p> <p><input type="checkbox"/> DSC (Thermal Analysis) Only</p>	<p align="center"><b>USP &lt;671&gt;</b></p> <p><input type="checkbox"/> Spectral (Light) Transmission <u>(For Bottles)</u></p> <p><input type="checkbox"/> MVT No Closure (Impervious Seal)</p> <p><input type="checkbox"/> MVT with Closure: Induction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> MVT Liquid Holding Container</p> <p><input type="checkbox"/> MVTR Barrier Protection Method I <u>(For Blisters)</u></p> <p><input type="checkbox"/> Unit Dose Method I</p> <p><input type="checkbox"/> Unit Dose Method II</p> <p><input type="checkbox"/> MVTR Barrier Protection Method II</p> <p><input type="checkbox"/> MVTR Barrier Protection Method III</p> <hr/> <p align="center"><b>USP &lt;381&gt;</b></p> <p><input type="checkbox"/> COMPLETE &lt;381&gt;</p> <p><input type="checkbox"/> Solution Prep</p> <p><input type="checkbox"/> Appearance (Turb/Opal)</p> <p><input type="checkbox"/> Acidity / Alkalinity</p> <p><input type="checkbox"/> UV Absorbance</p> <p><input type="checkbox"/> Reducing Substances</p> <p><input type="checkbox"/> Heavy Metals</p> <p><input type="checkbox"/> Extractable Zinc</p> <p><input type="checkbox"/> Ammonium</p> <p><input type="checkbox"/> Volatile Sulphides</p> <p><input type="checkbox"/> Penetrability</p> <p><input type="checkbox"/> Fragmentation</p> <p><input type="checkbox"/> Self Sealing</p>	<p align="center"><b>USP &lt;660&gt;</b></p> <p><input type="checkbox"/> Type I Glass, <input type="checkbox"/> Type II Glass</p> <p><input type="checkbox"/> Hydrolytic Resistance- Glass Grains</p> <p><input type="checkbox"/> Surface Glass Test</p> <p><input type="checkbox"/> Fill Volume Determination</p> <p><input type="checkbox"/> Surface Etching Test</p> <p><input type="checkbox"/> Arsenic</p> <p><input type="checkbox"/> Spectral (Light) Transmission</p> <p align="center"><input type="checkbox"/> Type III Glass</p> <p><input type="checkbox"/> Hydrolytic Resistance- Glass Grains</p> <p><input type="checkbox"/> Surface Glass Test</p> <p><input type="checkbox"/> Fill Volume Determination</p> <p><input type="checkbox"/> Spectral (Light) Transmission</p> <hr/> <p align="center"><b>OTHER CONTAINER TESTING</b> (Ex: EP 3.1.3, USP &lt;670&gt;, etc.)</p>
<p align="center"><b>USP &lt;661.2&gt;</b></p> <p><input type="checkbox"/> Absorbance</p> <p><input type="checkbox"/> Appearance</p> <p><input type="checkbox"/> Acidity / Alkalinity (Liquid Holding Only)</p> <p><input type="checkbox"/> Total Organic Carbon</p> <p align="center"><input type="checkbox"/> PET / PETG Sample</p> <p><input type="checkbox"/> Total Terephthaloyl Moieties</p> <p><input type="checkbox"/> Ethylene Glycol</p>		
<p align="center"><b>USP Biological Reactivity</b></p> <p><input type="checkbox"/> USP &lt;87&gt;   <input type="checkbox"/> USP &lt;88&gt;</p> <p>Indicate Sub-Component(s) for Test Below. (Ex: Inner Cap, Outer Cap, Bottle, etc.)</p>		

**Sample Description & Identification:** Please identify each component submitted. (Ex: Size, Material, Lot Number, Supplier, etc.)

**Final Report:** To be issued as a PDF upon QA/QC approval of test results. A hard copy can also be mailed. Do you need a hard copy physically mailed?      Yes      No

**Sample Disposition:** WL will retain sample(s) in the laboratory for 30 days post report issue date then dispose of sample(s) unless other arrangements are requested.

Dispose of Sample after 30 Days     Dispose of Sample after \_\_\_ Days     Return Sample Upon Test Completion

If return is requested, please provide the following: Carrier: \_\_\_\_\_ Account#: \_\_\_\_\_

**Approval of Person Submitting Samples for Testing:**

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

Title: \_\_\_\_\_

Signature / Date: \_\_\_\_\_