

<p align="center">Report To:</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">Invoice To:</p> <p><input type="checkbox"/> Same as Report <input type="checkbox"/> Acct. Payable Address Indicated</p> <p>Accounts Payable Address: _____</p> <p>PO Number (required): _____</p> <p align="center">Misc:</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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RAW MATERIAL 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.)

MATERIAL AND GAS TESTING

<p align="center">USP/ NF GENERAL CHAPTERS</p> <p><input type="checkbox"/> USP <231> Heavy Metals</p> <p><input type="checkbox"/> USP <311> Alginate Assay</p> <p><input type="checkbox"/> USP <401> Fats and Oils</p> <p><input type="checkbox"/> USP <461> Nitrogen Determination</p> <p><input type="checkbox"/> USP <467> Residual Solvents</p> <p><input type="checkbox"/> USP <643> TOC</p> <p><input type="checkbox"/> USP <651> Congealing</p> <p><input type="checkbox"/> USP <HE> Plasma Spectro Chemistry</p>	<p align="center">MEDICAL GAS</p> <p><input type="checkbox"/> Nitrogen _____ %</p> <p><input type="checkbox"/> Oxygen _____ %</p> <p><input type="checkbox"/> Carbon Dioxide</p> <p><input type="checkbox"/> Nitrous Oxide</p> <p><input type="checkbox"/> Medical Air/ Compressed Air</p>	<p align="center">OTHER MATERIAL TESTING (Describe):</p>
	<p align="center">COMPLETE MONOGRAPH TESTING</p> <p><input type="checkbox"/> USP</p> <p><input type="checkbox"/> EP</p> <p><input type="checkbox"/> Other: _____</p>	<p align="center">TURN-AROUND TIME:</p> <p align="center">(Note: RUSH Samples require prior approval. Surcharges may be added to quoted price.)</p> <p><input type="checkbox"/> Standard (15 business days)</p> <p><input type="checkbox"/> 5- 7 day RUSH (1.5X Standard Charge)</p> <p><input type="checkbox"/> 3 day RUSH (2x Standard Charge)</p>

Raw Material:

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: _____