

<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> <hr/> <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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CONTAINER CLOSURE INTEGRITY TEST SELECTION

Check Here to Perform Testing Per Quote: Quote Reference Number: _____

(Valid quote number must be referenced. Protocols must be detailed, if applicable.)

<p align="center">USP <1207></p> <p align="center">(Select CCI Technology)</p> <p><input type="checkbox"/> High Voltage Leak Detection</p> <p><input type="checkbox"/> Vacuum Decay Leak Detection</p> <p><input type="checkbox"/> Laser-based Headspace Analysis</p> <p><input type="checkbox"/> Helium Mass Spectrometry (empty packages only)</p> <p><input type="checkbox"/> Other: _____</p>	<p align="center">USP <1207></p> <p align="center">(Select Test)</p> <p><input type="checkbox"/> Method Feasibility</p> <p><input type="checkbox"/> Method Development</p> <p><input type="checkbox"/> Method Validation</p> <p><input type="checkbox"/> Method Verification</p> <p><input type="checkbox"/> Sample Analysis</p> <p><input type="checkbox"/> Stability</p> <p><input type="checkbox"/> Cold Storage Study</p> <p>WL Protocol: _____</p> <p>Client Protocol: _____</p>	<p align="center">Storage / Stability</p> <p align="center">(Select Storage Condition)</p> <p><input type="checkbox"/> 2-8C <input type="checkbox"/> 25C/60RH <input type="checkbox"/> Other</p> <p>Stability Protocol: _____</p> <hr/> <p align="center">OTHER (Describe):</p> <p>_____</p>
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Sample Description & Identification: Input in this field will be the Sample ID on the cover page of associated Report(s) of Analysis.

Material Identification: Please identify each material submitted and quantity. (Ex: Size, Material, Lot Number, etc.). Must provide MSDS.

Provide the following information:

Fill Volume/Weight/tolerance: _____

Plunger position spec./tolerance (syringes/cartridges only): _____

Other: _____

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 Dispose of Sample after ___ Days Return Sample Upon Test Completion (Please provide the following)

Carrier: _____ Account #: _____

Approval of Person Submitting Samples for Testing:

Name: _____

Title: _____

Signature / Date: _____