

SAMPLE SUBMISSION FORM

Existing Clients: Yes No <i>If No, please submit account and Reporting Information</i>		Client Purchase Order#:	
Customer Information		Billing Information	Same as Customer
Contact Name:		Contact Name:	
Company Name:		Company Name:	
Street Address:		Street Address:	
City:	Province/State:	City:	Province/State:
Postal Code:	Country:	Postal Code:	Country:
E-Mail:		E-Mail:	
Phone:		Phone:	
Date of Sample Delivery:			
Sample Information			
Sample / Product Name:		Lot #: Quantity:	
Material Stage:		Sample Type:	
Storage Condition:		Special Handling:	
Turnaround Time: <i>(Emergency and Rush Analysis require pre-approval)</i>		Sample Disposal: <i>(After completion of Analysis disposable charges may apply)</i>	
Regulatory Requirements: (Method Validation / Verification / Transfer and any suitability Tests must have been performed for drug products prior to any Analysis, please advise if you need this service)			
<i>(Mention the required tests below OR attach the Specification Sheet and highlight the required tests)</i>			
<input type="checkbox"/> Specification Sheet Attached			

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Test Required (Name of the Test)		Method (USP, EP, etc.)	Specifications (Acceptance Criteria)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Client Authorization:		Date:	
DiaSYS Verification & Authorization		Date:	
Sample Shipment: DiaSYS accepts samples by mail or courier to 501 Passmore Avenue, Unit # 2, Toronto, M1V 5G4, Canada. Sample deliveries are accepted Monday through Friday (except holidays) from 9:00 am to 5:00 pm. All received samples will be processed the following business day. Please refer to our <u>Terms and Conditions</u> available on www.diasys.ca			For office use only: Customer #:

Please fill this Form for each sample OR Same Group of Samples and attach the other samples information separately.