



ANALYTICAL REQUEST FORM

9240 Santa Fe Springs Road, Santa Fe Springs, CA 90670
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562.948.2225
Fax 562.948.5850

Send Report To

Send Invoice To

Contact: _____

AP Contact: _____

Company: _____

Address: _____

Address: _____

Project: _____

Email: _____

Purchase Order: _____

Phone : _____ Fax: _____

Phone : _____ Fax: _____

Turnaround Time (business days):

Date Data Due: _____

Normal 10 days (routine analysis)

Rush 5 days } rush fees will apply

Rush 3 days }

Rush 1 day }

Pharmaceutical, Medical Device, or Supplements data to be used for:

Research & Dev (not submitted to FDA)

Internal use only and/or Non FDA

Regulatory Submission to FDA

Product/Raw Material Regulated by FDA

Storage Conditions

Room Temp

2 to 8° C

-10 to -25° C

Other _____

Raw Data Requested

(* additional fees)

Normal Report

Raw Data*

GMP Data Package*

Other (list below)

DEA Controlled Substance/Chem: Sched - _____

Radioactive Material _____ mCi (license limit = 10 mCi, samples will be returned)

To ensure compliance with GMP requirements, non-compendial test methods must be transferred and/or validated. Method transfer and/or validation services are available on request and are the responsibility of the client. Where method transfer and/or validation have not occurred reports will indicate "method not validated for this matrix at this facility."

Comments and Precautions (MSDS Must be included with all samples)

Sample Identification for Report	Matrix/Product	Analysis(es)

Relinquished by: _____ Company: _____	Date _____	Time _____	Received by: _____	Company: _____
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Relinquished by: _____ Company: _____	Date _____	Time _____	Received by: _____	Company: _____
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NOTES: Samples will be disposed of 30 days after invoicing, except for regulated substances and radioactive samples which will be returned at the client's expense. All documents and raw data will be disposed of after 7 years. All services provided will adhere to Exova Inc Terms & Conditions.

Job No.: _____